



Individual Healthcare Plan

Type 1 Diabetes



Photo of Pupil

Name Of Pupil

Date Of Birth

Name and Contact Details of Parent/Guardian

GP Name:

Surgery Address:

Surgery Phone No:

Specialist Nurse/Doctor

Name:

Hospital:

Phone No:

I have discussed this care plan with a health representative from the school and am satisfied that it reflects my/my child's health care needs in school.

Signature of Parent/Guardian

Date

Print Name

Health Care Plan Review Date:

Pupil's Name _____

DIAGNOSIS: Type 1 Diabetes

Blood Glucose Levels During the school day they should be between **4.0 and 10mmol/L**

Is able to self-test Needs supervision when testing Needs a trained member of staff to do testing

Carries own monitoring equipment Yes No

Location of monitoring equipment: _____

Insulin Injections

Needs insulin injections during school day Yes No

Does not require supervision Needs supervision when injecting Needs a trained member of staff to inject

Name of prescribed medication:

Carries own medication Yes No

Location of medication: _____

Location of sharps box: _____

Health Care Needs In School (Refer to specific advice from Diabetic Specialist Team)

Carries own emergency snacks Yes No

Preferred emergency snack/treatment for hypoglycaemia _____

Needs to check blood glucose level before physical activity Yes No

Needs a lunch pass to avoid queue delays. Yes No

May need to eat or drink during lesson time.

If symptoms develop, must not be left alone.

Requires a private space with hand washing facilities when testing or injecting.

Health Care Plan Completed By:

Designation:

Date:

Emergency Plan - Hypoglycaemia

REMEMBER: Never leave someone with symptoms of hypoglycaemia.

Symptoms (May not be obvious)

Hungry	Pale	Sweating	Shaky/wobbly
Grumpy/irritable	Headache	Stomach ache	Mood changes
Tearful	Poor concentration		



Blood Glucose Level Below 4mmol/L

Action

- Give fast acting carbohydrate (eg. sugary drink/glucose tablets)
- If no improvement in 10 minutes, repeat until blood glucose level is 4mmol/L or above.
- On improvement, give slow-acting carbohydrates (eg. 2 plain biscuits or next meal or snack if due)

Return to class when feeling well again and notify parent.

Worsening Symptoms

Symptoms get worse (fast acting carbohydrate ineffective)

May lose consciousness

(Can lead to a seizure)



Action

- Call 999 for an ambulance
- Put into recovery position.
- Contact parent



Healthcare Plan Template created by

NOTE: Refer to specific advice from Diabetic Specialist Team



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