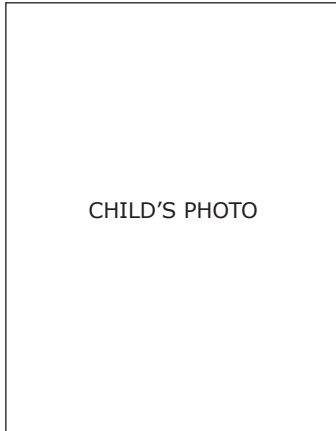


# Diabetes: cover page and sample action plan



Fill out and refer to this document for children who have diabetes.

**For:** \_\_\_\_\_ **[child's name]**



Date developed: \_\_\_\_\_

Review date(s): \_\_\_\_\_

Note: Review this information with the parents every 6 months or whenever their child's treatment changes.

Child's birth date: \_\_\_\_\_

Child's weight: \_\_\_\_\_

Designated staff member (if applicable):  
\_\_\_\_\_

## Contact information

Mother/guardian: \_\_\_\_\_

Tel: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father/guardian: \_\_\_\_\_

Tel: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Child lives with: \_\_\_\_\_

Child's doctor's name: \_\_\_\_\_ Tel: \_\_\_\_\_

Allergy specialist's name (if applicable): \_\_\_\_\_ Tel: \_\_\_\_\_

Alternate emergency contact (if parents are unavailable): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Tel: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Notify parents/guardians or emergency contact in the following situations: \_\_\_\_\_  
\_\_\_\_\_

Note any other conditions that may affect the treatment of this child: \_\_\_\_\_  
\_\_\_\_\_

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## Diabetes management

### Blood sugar (glucose) monitoring

Target range is: \_\_\_\_\_

\* Note: Most preschoolers have a target range of 6 mmol/L to 10 mmol/L prior to meals.

Usual times to check blood sugar: \_\_\_\_\_

Other times to check blood sugar (e.g., before or after exercise, or if the child shows signs of feeling "low"): \_\_\_\_\_

Times when parents want to be notified immediately \_\_\_\_\_

Parent responsibilities:

- Provide glucose meters, test strips, lancing device and lancets, container for sharps disposal, and pump batteries.

Program responsibilities:

- Help monitor levels by:

\_\_\_\_\_

\_\_\_\_\_

- Record blood sugar levels in the child's *Diabetes daily care record*.

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Insulin injections (if needed during child care)

#### For a child using an insulin syringe/pen:

Parent responsibilities:

- Determine staff willingness to administer insulin injections and, with a health care professional, provide personalized training.
- Provide insulin vials and syringes, or insulin pen and supplies.
- Provide a container to dispose of sharps.

Other: \_\_\_\_\_

\_\_\_\_\_

Program responsibilities:

- Determine staff role in giving insulin, in collaboration with the child's parents.
- Check the child's blood sugar levels at the times requested by parents.
- Enlist the support of a community nurse to ensure staff comfort and competence with giving injections. Train new and substitute staff as needed.
- Record the injection on the child's *Medication consent form and record sheet*.

Other: \_\_\_\_\_

\_\_\_\_\_

Name, address and phone number for child care centre or home setting

## Diabetes: cover page and sample action plan

### For a child using an insulin pump:

Parent responsibilities:

- Help train program staff to administer insulin using a pump.
- Ensure that the pump is in good working condition.

Program responsibilities:

- Check the child's blood sugar levels at the times requested by parents.
- Administer the correct dose based on blood sugar level and carbohydrates to be consumed.
- Record the dose on the child's *Medication consent form and record sheet*.
- Take some simple, problem-solving steps to ensure the pump is working if a blood sugar reading is unexpectedly high.
- Attend education sessions on managing children's diabetes.

### Food management

Regular times for meals and snacks: \_\_\_\_\_

Parent responsibilities:

- Provide extra snacks.
- Provide program with a back-up supply of fast-acting sugar (e.g., glucose tablets or gel, honey).
- Label meals/snacks provided with their carbohydrate content, in grams, for children using a pump.

Other: \_\_\_\_\_  
\_\_\_\_\_

Program responsibilities:

- Ensure that meals and snacks are offered on time.
- Share meal plans with parents in advance.
- Keep a back-up supply of fast-acting sugar on hand.
- Advise parents of special days involving food.

Other: \_\_\_\_\_  
\_\_\_\_\_

Instructions for when food/treats are provided for the group for a special event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions for days involving extra activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number for child care centre or home setting

## Diabetes: cover page and sample action plan

Typical signs or symptoms of this child's hypoglycemia (circle all that apply):

- headache,
- pallor (pale skin colour),
- fatigue/drowsiness,
- confusion/inattention,
- moist cold skin/sweating,
- hunger,
- irritability,
- dizziness/ shakiness,
- rapid pulse rate, and
- loss of coordination.

Other (please describe): \_\_\_\_\_

Can your child recognize his/her own low blood sugar signs?

Yes  No

If so, how might she/he describe feeling "low"? \_\_\_\_\_

What is usually given to treat low blood sugar? \_\_\_\_\_

### Reminders

#### ***If in doubt, treat a child's symptoms:***

If child is conscious:

1. Check the child's blood sugar level, if possible.
2. If the child's blood sugar is under 4 mmol/L, administer fast-acting sugars immediately. Recheck in 15 minutes. Repeat if blood sugar is still below 4 mmol/L.
3. Once blood sugar is over 4 mmol/L, offer a snack with a starch and protein (e.g., cheese and crackers) if the next meal is more than one hour away. Don't change the time for the next scheduled meal or snack.
4. Stay with the child until you are sure that recovery is complete.

If child is unable to swallow, unconscious or having a convulsion:

1. Turn the child on her side.
2. **Call 911** (or emergency services where 911 service is unavailable).
3. Don't attempt to give anything by mouth.
4. Only administer glucagon if you have been trained to give this medication.

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