



Individual Health Care Plan – Educational Setting

FOR PUPILS WITH DIABETES

Name:	
DOB:	
School:	
Year Group:	
Date of Plan:	Insert Photo here
Review Date:	

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1 FAMILY CONTACT INFORMATION

Name		
Relationship		
Telephone number	Home:	Mobile:
	Work:	
Email		<u> </u>
Name		
Relationship		
<u> </u>		
Telephone number	Home:	Mobile:
	Work:	
Email		
Paediatric Diabetes Nurse		
Telephone number		
Insulin requirements as Multi-dose regim Insulin Pump The Other – please st	Type 1 Diabetes es her/his condition with a healthy follows: ee i.e. requires insulin with all meals erapy ate will need to attend clinic appointme	e nts to review her/his diabetes.
	y 3 months as a minimum, but may ional Guidance, school staff should	be more frequent. be released to attend diabetes training

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3 BLOOD GLUCOSE MONITORING

The pupil has a blood glucose monitor, so they can test their blood glucose (BG). BG monitoring is an essential part of daily management, wherever possible the pupil should be encouraged to take responsibility for managing their own medicines and BG equipment in school. **THEIR EQUIPMENT MUST NOT BE SHARED AND SHOULD BE AVAILABLE TO THE PUPIL AT ALL TIMES – NOT LOCKED AWAY.**

(Check which applies)				
Blood Glucose monitoring to be carried out by a trained adult.				
This child requires supervision with Blood Glucose monitoring				
This pupil is independent in Blood Glucose monitoring				
Other - Continuous Glucose Meter / Libre				
This procedure should be carried out:				
 In class or if preferred, in a clean private area with hand washing facilities. Hands must be washed and dried prior to the test. Blood glucose targets pre meal				
There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.				
4 INSULIN ADMINISTRATION WITH MEALS				
Check if applies/if not go to section 5				
(Check which applies)				
Insulin to be administered by a trained adult				
Supervision is required during insulin administration				
The pupil is independent and can self-administer the insulin				
This pupil is on an insulin pump (see further information following)				

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their blood glucose level.
(Check which applies)
They have a specific insulin to carbohydrate (CHO) ratio (I:C) with insulin sensitivity factor (ISF)
They are on set doses of insulin

The pupil requires variable amounts of quick acting insulin, depending on how much they eat and

This procedure should be carried out:

- In class, or if preferred in a clean private area with hand washing facilities
- The pupil should always use their own injection device; or sets
- All needles should be used and disposed of in accordance with the school's local policy

5 INSULIN ADMINISTRATION

		Advice
Insulin Name	Time	
Insulin Name	Time	
Insulin Name	Time	

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6 SUGGESTED DAILY ROUTINE

If any concerns or pupil feels unwell check BG level .. 'TEST DON'T GUESS!!'

	Time	Notes			
Arrive School					
Morning Break					
Lunch					
Afternoon Break					
School Finish					
Other					
Please refer to 'Home-School' Communication Diary Please refer to School Planner					

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7 SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

Governing bodies should ensure that risk assessments, planning and arrangements are clear to ensure this pupil has the opportunity to participate in all sporting activities. School should ensure reasonable adjustments as required.

Specific instruction if on insulin pump therapy: During contact sports the pump should be disconnected (NEVER exceed 60 minutes.) Please keep safe whilst disconnected	Advice
Extra snacks are required:	Advice
PRE-EXERCISE	
POST-EXERCISE	Advice

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8 HYPOGLYCAEMIA



('Hypo' or 'Low Blood Glucose')



BG: Below 4 mmol/l

INDIVIDUAL HYPO- SYMPTOMS FOR THIS PUPIL ARE:	Pale Sudden change of personality Crying	Poor concentration Sleepy Shaking	Other
	Moody Hungry	Visual changes	

...... will show the following symptoms if their blood glucose is low. If any of these symptoms are displayed check blood glucose immediately.

- Check blood glucose to confirm hypo, and treat promptly. See 8a Appendix.
- Do not send this pupil out of class unaccompanied to treat a hypo
- Call first aider to attend pupil if particularly unwell
- Hypos are described as either mild/moderate or severe depending on the individual's ability to treat him/her.

The aim is to treat, and restore the BG level to above 4.0 mmol/L

A hypo box should be kept in school containing fast acting glucose and long acting carbohydrate. Staff and the pupil should be aware of where this is kept and it should be taken with them around the school premises, if leaving the school site, or in the event of a school emergency. It is the parent's responsibility to ensure this emergency box is adequately stocked; independent pupils will carry their testing kit and hypo treatment with them.

See Appendices for flowcharts for:

8a. Treatment of Hypoglycaemia for a Pupil on Injections

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9 HYPERGLYCAEMIA

(High blood glucose)

Children and pupils who have diabetes may exp	perience high blood glucose (hyperglycaemia) when
the blood glucose levels are above	mmol/L.

If the pupil is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the pupil has had symptoms of high blood glucose.

See Appendices for flowcharts.

9a. Treatment of Hyperglycaemia for a Pupil on Injections

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9b. Blood Ketone Monitoring Guide:

•	Below 0.6mmol/L	Normal Range
•	Between 0.6-1.5mmol/L	Potential problems – SEEK ADVICE from parents
	Above 1 5mmol/I	High rick - SEEK LIRGENT ADVICE

Additional
information
regarding
blood
ketone
testing for
this pupil

- School to be kept informed of any changes by parent in this pupil's management.
- The pupil with diabetes may wear identification stating they have diabetes. These are in the form of a bracelet, necklace, watch or medical alert card.
- During exams, reasonable adjustments should be made to exam and course work conditions
 if necessary, this should be discussed directly with this pupil. This pupil should be allowed to
 take into the exam the following: blood glucose meter, extra snacks; medication and hypo
 treatment.
- Specific extra support may be required for the pupil who has a long term medical condition regarding educational, social and emotional
- It is the parent's/carer's responsibility to monitor and restock all supplies in liaison with school staff.

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Please use this box for any additional information

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This Individual Health Care Plan has been initiated and updated in consultation with the pupil, family, diabetes specialist nurse and a member of staff from the educational setting.

Plan Approved By:	Name	Signature	Date
Pupil			
Parents/Guardians			
Diabetes Nurse Specialist			
School Representative			

10 Supporting Evidence

- Supporting pupils at school with medical conditions; Department of Education, September 2014.
- NICE clinical guideline NG18: (type 1 and type 2) in children and young people, diagnosis and management; August 2015.
- Managing Medicines in School and Early Years Setting; Department of Health, 2005.
- ISPAD Clinical Practice Consensus Guidelines; 2014.
- Making Every Young Person with Diabetes Matter; Department of Health, 2007.

The following should always be available in school, please check:

Hypo treatment: fast acting glucose	Insulin pen and appropriate pen needles	
Gluco gel / Dextrogel	Cannual and reservoir for pump set change	
Finger prick device, BG monitor and strips	Spare battery	
Ketone testing monitor and strips	Up to date care plan	
Snacks		

Governing bodies are responsible to ensure adequate members of staff have received suitable training.

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Training Log

Staff Name	Training Delivered	Trainer	Date

See Training Log in School

Authors: Hampshire Hospitals Trust – Winchester & Basingstoke

University Hospital Southampton NHS Trust

Portsmouth Hospitals NHS Trust Dorset County Hospital NHS Trust

Isle of Wight NHS Trust

Poole NHS Trust Salisbury NHS Trust

APPENDICES on following pages.

Adapted from National Network HCP – July 201



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promptly.

Pupil alone.

Step 2: Re-test BG

above 4 mmol/l, go to step 4.

been / will be exercising).

Step 4: For some Pupils an extra snack may be



Additional information regarding hypoglycaemia for this Pupil:

8a. Treatment of Hypoglycaemia for a Pupil on Injections

MILD / MODERATE

Personalised Treatment Plan

Follow steps 1-4

BG levels below 4mmol/l **SEVERE** Pupil semi-concious, unconscious or convulsing Pupil can eat & drink independently Personalised Treatment Plan Place the Pupil in the recovery position Step 1: Give fast-acting, rapidly-absorbed glucose Nil by mouth **Dial 999** If BG not already obtained, do so now. Never leave Pupil alone. Contact parents / carers and Diabetes Team. minutes later. Never leave When fully awake follow steps 1-4 for 'mild / moderate hypoglycaemia'. Be aware a severe hypo may cause vomiting. Step 3: If BG still below 4 mmol/l, repeat step 1. If BG On recovery the Pupil should be taken home by parents / carers. required (if not eating within one hour, or if Pupil has *** Consider what has caused the HYPO? ***

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9a. Treatment of Hyperglycaemia for a Pupil on Injections

