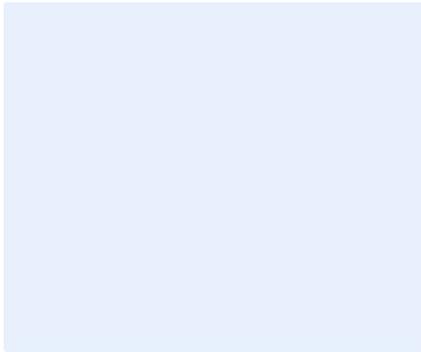


Name:  
NHS No:  
DoB:



Supported by



# INDIVIDUAL HEALTH CARE PLAN FOR A CHILD OR YOUNG PERSON IN THE EDUCATION SETTING WHO HAS DIABETES



Name:  
 NHS No:  
 DoB:



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*This health care plan will capture the key information and actions that are required to support this child or young person (CYP) in school. It will have the CYP best interests in mind and ensure that school assesses and manages risks to the pupils' education, health and social well-being and minimize disruption in the school day. It should be reviewed at least annually.*

## 1 Definitions

<b>IHCP</b>	Individual Health Care Plan
<b>CYP</b>	Child or Young Person
<b>HYPO</b>	Hypoglycaemia
<b>CHO</b>	Carbohydrate
<b>BG</b>	Blood Glucose

Name:  
 NHS No:  
 DoB:



## 2 CHILD/YOUNG PERSON'S INFORMATION

### 2a. *Child / Young Person Details*

Child's Name:		Year group:	
Hospital/NHS number:		DoB:	
Nursery/School/College: Post code			
Child's Address:			
Town:			
County: Postcode			
Type of Diabetes:	Please select		
Other medical conditions:			
Allergies:			
Date:		Document to be Updated:	

### 2b. *Family Contact Information*

Name			
Relationship			
Telephone Number	Home		
	Work		
	Mobile		
Email			
Name			
Relationship			
Telephone Number	Home		
	Work		
	Mobile		
Email			
Name			
Relationship			
Telephone Number	Home		
	Work		
	Mobile		
Email			

Name:  
NHS No:  
DoB:



**2c. Essential Information Concerning This Child /Young Persons Health Needs**

Contacts		Contact Number
Children's Diabetes Nurses:		
Key Worker:		
Consultant Paediatrician:		
General Practitioner:		
Link Person in Education:		
School email contact:		
Class Teacher:		
Health Visitor/School Nurse:		
SEN Co-ordinator:		
Other Relevant Teaching Staff:		
Other Relevant Non-Teaching Staff:		
Head teacher:		

This CYP has DIABETES, requiring treatment with (check which applies):

Multi-dose regime i.e. requires insulin with all meals:	<input type="checkbox"/>
Insulin Pump Therapy:	Please select
3 injections a day (no injections in school):	<input type="checkbox"/>
2 injections a day (no injections in school):	<input type="checkbox"/>
Other - please state:	

Pupils with Diabetes will have to attend clinic appointments to review their condition. Appointments are typically every 3 months, but may be more frequent. These appointments may require a full day's absence. Education authority staff should be released to attend the necessary diabetes training sessions, in accordance with national guidance.

**3 MONITORING BLOOD GLUCOSE LEVELS**

The CYP has a blood glucose monitor, so they can check their blood glucose (BG). BG monitoring is an essential part of daily management; where ever possible CYP should be encouraged to take responsibility for managing their own medicines and BG equipment in school. They should be allowed to carry their equipment with them at all times and their equipment must not be shared.

(Check which applies)

BG checks to be carried out by a trained adult, using a Fastclix/ Multiclix device.	<input type="checkbox"/>
This child requires supervision with blood glucose monitoring.	<input type="checkbox"/>
This CYP is independent in BG monitoring.	<input type="checkbox"/>

This procedure should be carried out:

- In class or if preferred, in a clean private area with hand washing facilities.
- Hands to be washed prior to the test.
- Blood glucose targets pre meal - mmol/L and - mmol/L 2 hours after meals  
(NICE guidelines 2015 recommend BG levels of 4-7 mmol/L pre meal and 5-9 mmol/L post meals)
- Lancets and blood glucose strips should be disposed of safely.

There are a wide range of different blood glucose meters available, some have a built in automated bolus calculator.

Name:  
NHS No:  
DoB:



#### 4 INSULIN ADMINISTRATION WITH MEALS

Check if applies  if not, go to section 5

*(Check which applies)*

Insulin to be administered by a suitably trained adult, using a pen needle that complies with national and local sharps policy	<input type="checkbox"/>
Supervision is required during insulin administration	<input type="checkbox"/>
This young person is independent, and can self-administer the insulin	<input type="checkbox"/>
This CYP is on an insulin pump (see further information below and section 8.2 page 8)	<input type="checkbox"/>

The child or young person requires variable amounts of quick acting Insulin, depending on how much they eat.

*(Check which applies)*

They have a specific Insulin to carbohydrate (CHO) ratio (I:C)	<input type="checkbox"/>
They are on set doses of insulin	<input type="checkbox"/>

This procedure should be carried out:

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

#### 5 INSULIN ADMINISTRATION

Delivered via pen device:  Delivered via insulin pump:

Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process
Please select		
Other:		
Insulin Name	Time	Process
Please select		
Other:		

Name:  
NHS No:  
DoB:

NOTE: See 8

### 6 SUGGESTED DAILY ROUTINE

	Time	Note
Arrive School		
Morning Break		
Lunch		
Afternoon Break		
School finish		
Other		

Please refer to 'Home-school' communication diary

Please refer to School planner

### 7 SPORTING ACTIVITY/ DAY TRIPS AND RESIDENTIAL VISITS

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

Specific instructions If on Insulin Pump therapy: <b>During contact sports the pump should be disconnected (NEVER exceed 60 minutes). Please keep safe whilst disconnected.</b>	
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Extra Snacks are required: PRE-EXERCISE	
POST-EXERCISE	



### 8 HYPOGLYCAEMIA (‘Hypo’ or ‘Low Blood Glucose’) BG: Below 4 mmol/l.



INDIVIDUAL HYPO- SYMPTOMS FOR THIS CYP ARE:	Pale <input type="checkbox"/>	Poor Concentration <input type="checkbox"/>	Other:
	Sudden Change of personality <input type="checkbox"/>	Sleepy <input type="checkbox"/>	
	Crying <input type="checkbox"/>	Shaking <input type="checkbox"/>	
	Moody <input type="checkbox"/>	Visual changes <input type="checkbox"/>	
	Hungry <input type="checkbox"/>		

How to treat a hypo:

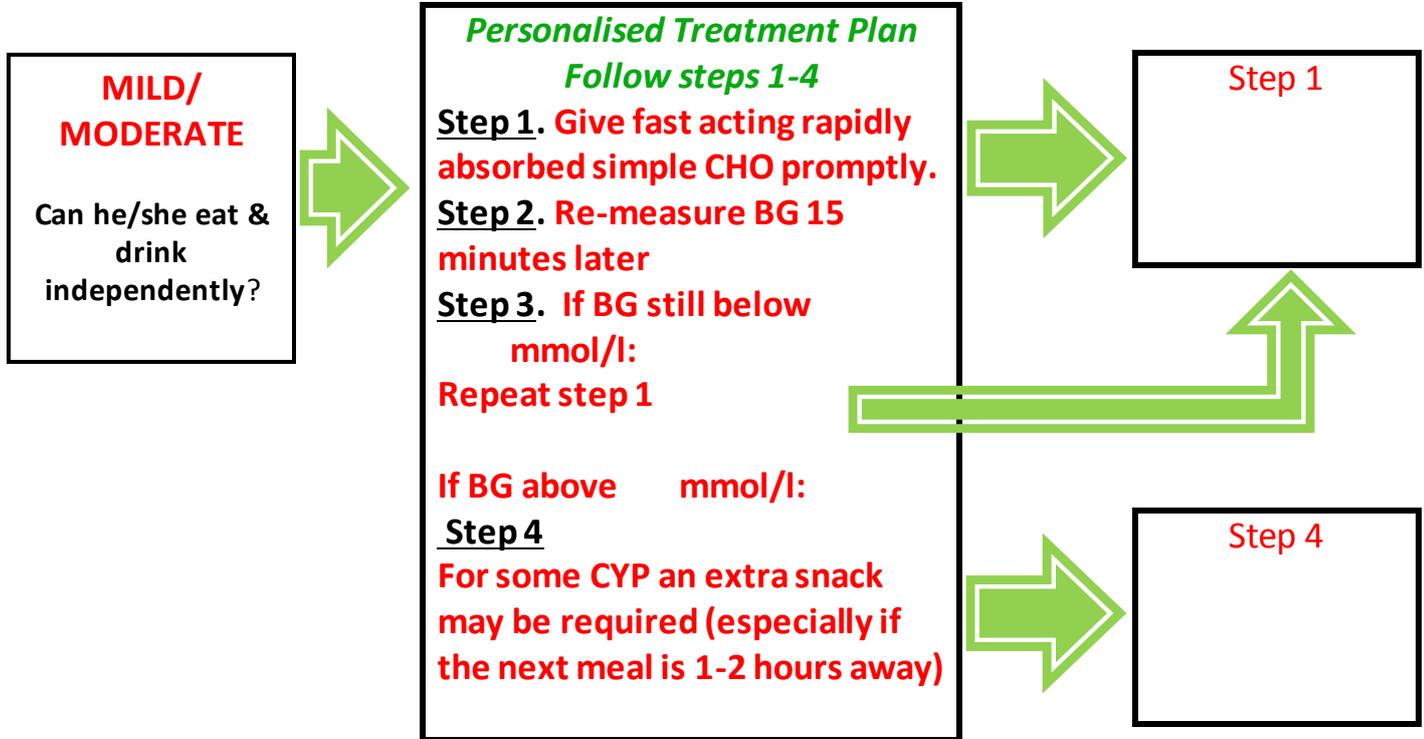
- If possible, check BG to confirm hypo, and treat promptly: [see 8a.](#)
- Do not send this child or young person out of class unaccompanied to treat a hypo.
- Hypos are described as either mild/moderate or severe depending on the individual’s ability to treat him/her.
- The aim is to treat, and restore the BG level to above  mmol/L. ( ISPAD guidelines recommend 5.6mmol/L) [\(See 8a\).](#)

A Hypo box should be kept in school containing fast acting glucose and long acting carbohydrate. Staff, and the CYP 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 young people will carry hypo remedies with them.

8a. **Treatment of Hypoglycaemia**

**BG below 4mmol/l**



**SEVERE**  
Is he/she semi-conscious; unconscious; convulsing or unable to take anything by mouth?

- Personalised Treatment Plan**
- Place the CYP in the recovery position
  - Nil by mouth
  - DIAL 999
  - In exceptional circumstances, in the availability of a trained and competent member of staff : they can administer the Glucagon/ GlucaGen Hypokit injection:  
0.5mg (half dose) for less than 8 years old (or body weight is less than 25kg)  
1mg (full dose): if over 8 years of age.
  - Never leave him/her alone
  - Contact parents.
  - When fully awake follow steps 1-4 above.
  - A severe hypo may cause vomiting.
  - On recovery the CYP should be taken home by parents/carers.

Additional information regarding hypoglycaemia for this CYP:

\*\*\* Consider what has caused the HYPO? \*\*\*

Name:  
NHS No:  
DoB:



## 9 HYPERGLYCAEMIA (High blood glucose)

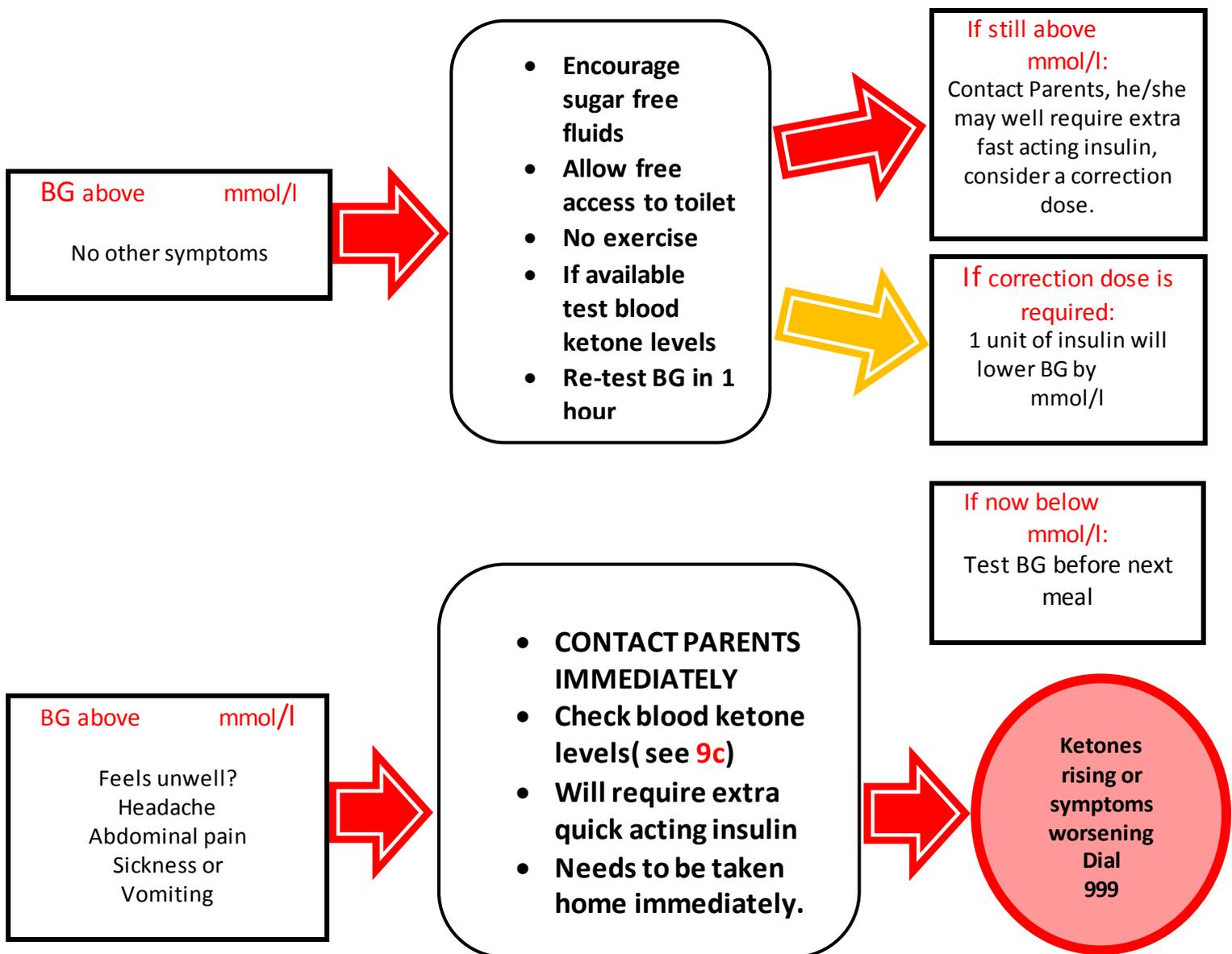


Children and young people who have with diabetes may experience high blood glucose (hyperglycaemia) when the blood glucose levels are above **mmol/L**.

\*\*\* IF THIS CYP IS ON INSULIN PUMP THERAPY PLEASE REFER DIRECTLY TO 9b \*\*\*

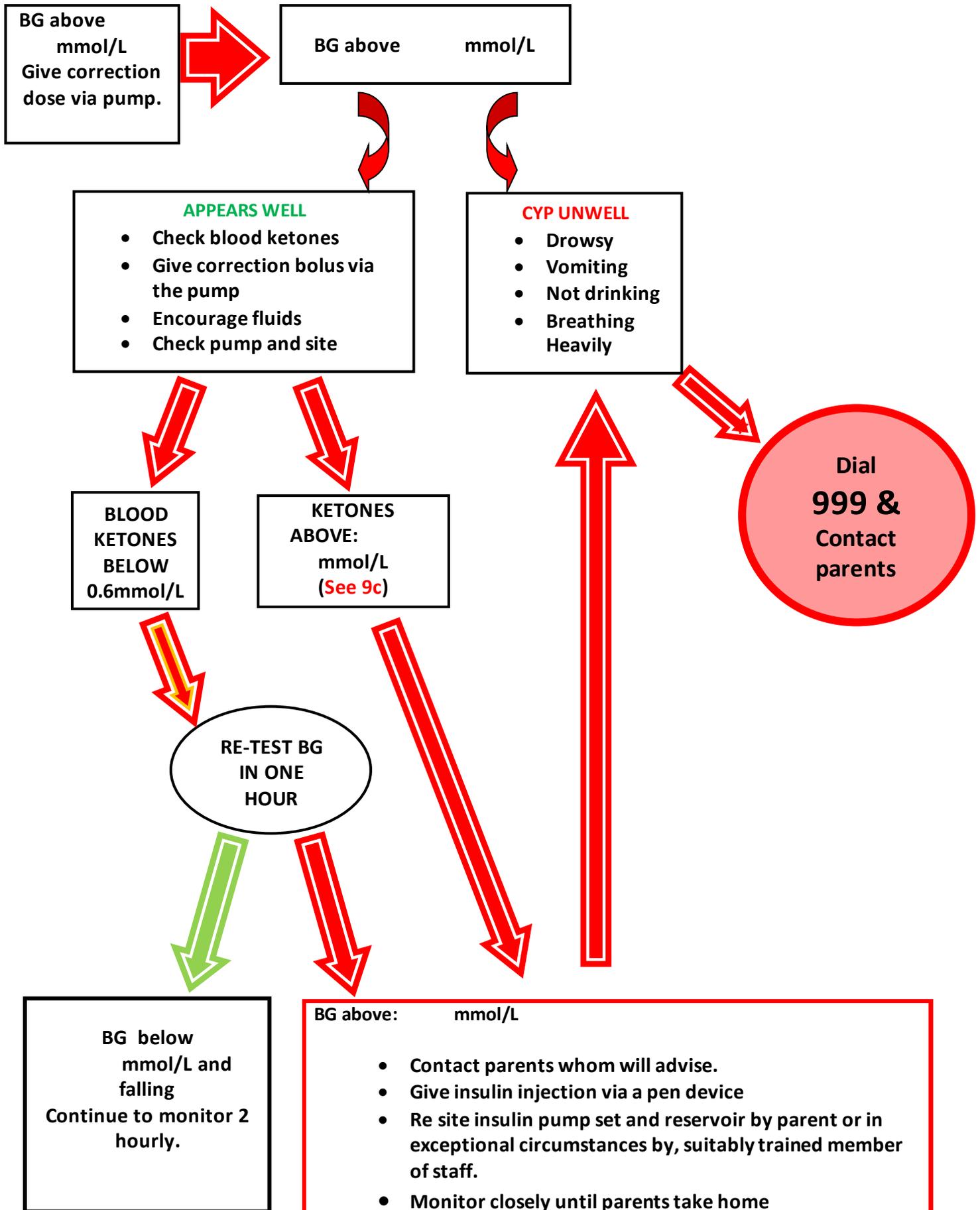
If the child/young person is well, there is no need for them to be sent home, but parents/guardian should be informed at the end of the day that the child/young person has had symptoms of high blood glucose

### 9a. *Treatment of Hyperglycaemia For A Child/Young Person On Injections*



Additional information regarding hyperglycaemia for this CYP:

9b. Treatment of Hyperglycaemia for a Child/Young Person on Pump Therapy



Name:  
 NHS No:  
 DoB:



**9c. Blood  $\beta$  –Ketone monitoring Guide:**

- **Below 0.6mmol/L**                      **Normal range**
- **Between 0.6-1.5mmol/L**        **Potential problems - SEEK ADVICE**
- **Above 1.5mmol/L**                **High risk - SEEK UGENT ADVICE**

Additional information regarding $\beta$ Blood –Ketone monitoring for this CYP:	
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- School to be kept informed of any changes in this child or young person’s management (see page 6-7).
- The CYP 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 CYP.  
 This CYP 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 CYP who has a long term medical condition regarding educational, social and emotional needs- for example, during periods of instability, during exams, catching up with lessons after periods of absence, and counselling sessions.

*Please use the box below for any additional information for this CYP, and document what is specifically important for him/her:*

This IHCP has been initiated and updated in consultation with the CYP, family; diabetes specialist nurse and a member of staff from the educational setting.

	Name	Signatures	Date
Young person			
Parents/Guardian			
Parents agreement to administration of medicine as documented on page 3 and 4			
Diabetes Nurse Specialist:			
School Representative:			
Health visitor/ School Nurse:			



Name:  
NHS No:  
DoB:



## 10 References:

- *Supporting pupils at school with medical conditions. Department of Education. September 2014.*
- *NICE clinical guideline NG18: Diabetes (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.*

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***Winner of the Excellence in Diabetes Specialist Nursing Awards  
At the Nurse Standard Nurse Awards 2015.***