



### Plan of Care for **Diabetes**

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**AYS Program:** \_\_\_\_\_

**Physician child sees for Diabetes:** \_\_\_\_\_

\_\_\_\_\_  
Name (please print) Phone Number

**Allergies:** List any allergies i.e. foods, medications, the environment, etc. \_\_\_\_\_

**Current insulin treatment:**

Breakfast type of insulin & dosage \_\_\_\_\_

Lunchtime type of insulin & dosage \_\_\_\_\_

Suppertime type of insulin & dosage \_\_\_\_\_

Bedtime type of insulin & dosage \_\_\_\_\_

Child will inject insulin at AYS: \_\_\_\_\_ YES \_\_\_\_\_ NO

Child will self-prepare & inject insulin at AYS: \_\_\_\_\_ YES \_\_\_\_\_ NO

Child needs assistance with injection of insulin at AYS: \_\_\_\_\_ YES \_\_\_\_\_ NO

Would medication(s) need to be given during normal program hours? .....YES/NO

Would medication(s) need to be given during non-school day programs? .....YES/NO

If **yes** to either question, an AYS permission slip, completed by your child's doctor is required. Have you returned this permission slip to the AYS program director? YES/NO

**My child will use a glucometer at AYS** \_\_\_\_\_ YES \_\_\_\_\_ NO

**My child will need assistance using his/her glucometer** \_\_\_\_\_ YES \_\_\_\_\_ NO

**My child's target blood glucose range is:**

_____ before breakfast	_____ before dinner
_____ before lunch	_____ before bedtime
_____ after school	

**Meals/snacks schedule:**

My child is to eat an after school snack \_\_\_\_\_ YES \_\_\_\_\_ NO

I will provide AYS with an afternoon snack for my child \_\_\_\_\_ YES \_\_\_\_\_ NO

I give my approval to have my child eat whatever AYS serves for the afternoon snack.  
\_\_\_\_\_ YES \_\_\_\_\_ NO

**Exercise/sport activity:**

My child may participate in after school sports \_\_\_\_\_ YES \_\_\_\_\_ NO

Exercise should be delayed if blood sugar is lower than \_\_\_\_\_  
OR higher than \_\_\_\_\_.

My child carries \_\_\_\_\_  
for treatment of a low blood sugar. A snack of \_\_\_\_\_ should  
be eaten if my child's blood sugar is lower than \_\_\_\_\_.

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**HIGH blood sugar (hyperglycemia)**

How often does high hyperglycemia occur? \_\_\_\_\_

When is the usual time of day hyperglycemia reaction occurs? \_\_\_\_\_

**Symptoms your child has experience with a high blood sugar reaction:**

\_\_\_ Increased thirst \_\_\_ Increased urination \_\_\_ Nausea & vomiting \_\_\_ Listlessness

\_\_\_ Weakness \_\_\_ Sweet odor to breath \_\_\_ Slow deep noisy breathing \_\_\_ Delirium

\_\_\_ Others \_\_\_\_\_

**+++**If my child's blood sugar is **above** \_\_\_\_\_, his/her treatment is:

**The usual procedure at AYS for a child with diabetes and HIGH blood sugar:**

1. Obtain glucometer reading & follow parental instructions for treatment.
2. If glucometer is not available, assess for when last insulin was taken, food intake, or illness.
3. If the child is unconscious, monitor ABC's & seek **Emergency Medical Services**.
4. Notify parent/guardian.

**LOW blood sugar (hypoglycemia)**

How often does a low blood sugar reaction occur? \_\_\_\_\_

When is the usual time of day a low blood sugar reaction occurs? \_\_\_\_\_

**Symptoms your child has experienced when having a low blood sugar reaction:**

\_\_\_ Hunger \_\_\_ Headache \_\_\_ Jitteriness \_\_\_ Disorientation \_\_\_ Irritability

\_\_\_ Inattention \_\_\_ Sweating \_\_\_ Anxiety \_\_\_ Rapid pulse \_\_\_ Drowsiness

\_\_\_ Slurred speech \_\_\_ Seizure \_\_\_ Others \_\_\_\_\_

**+++**If my child's blood sugar is **below** \_\_\_\_\_, his/her treatment is:

**The usual procedure at AYS for a child with diabetes and LOW blood sugar:**

1. Obtain glucometer reading & follow parental instructions for treatment.
2. If glucometer is not available, treat as low blood sugar & give a sugar source ex. 4 oz of juice or pop, 6 lifesavers, 2-3 glucose tablets. If unconscious, do not give anything by mouth, but call for **Emergency Medical Services**.
3. Check for resolution of symptoms & increase in blood sugar.
4. If child is not improving, seek **Emergency Medical Services**.
5. Notify parent/guardian.

**Comments/Special Instructions:** \_\_\_\_\_

**Review of the above information & signatures for the current year in AYS:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Review of the above information & signatures for the subsequent year in AYS:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
AYS Program Director's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date