

# PAEDIATIC DIABETES MANAGEMENT PLAN <18yrs old



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

**GENERAL PRACTITIONER**

**PAEDIATRICIAN**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

**PATIENT DETAILS**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_ DOB: / / Age: \_\_\_\_\_

Sex: M  F  Aboriginal/Torres Strait Islander: Yes  No

Parent/Carer \_\_\_\_\_ Relationship: \_\_\_\_\_

**1. HISTORY** Type 1  Type 2  Date of Diagnosis: \_\_\_\_\_ Family history of diabetes Type 1  Type 2

Associated Conditions: Thyroid  Coeliac  Addison's  Other \_\_\_\_\_

**2. MANAGEMENT REGIME**

Insulin (type)	breakfast	lunch	afternoon	dinner	bedtime

Insulin Pump Yes  No  Type \_\_\_\_\_

**3. BLOOD GLUCOSE MONITORING**

Number of daily readings \_\_\_\_\_ **Goal 4**

**4. KNOWLEDGE**

**<12 yrs**

- Testing BGL
- Aware of how food affects BGL
- Can identify carbohydrate foods
- Interested in giving own injections
- Knows what diabetes is and how insulin works
- Knows what the normal target is for their blood glucose level

**12-14 yrs**

- Administers own insulin
- Understands the factors which raise or lower BGL
- Understands need to check ketones when BGL is high >15
- Can quantify carbohydrate food

**14-16 yrs**

- Administers own insulin (aim without reminder)
- Can manage diabetes with sport

**16-18 yrs**

- Can manage sick days
- Makes own insulin adjustments
- Knows how to contact health professional

**>18 yrs**

- Independent in diabetes care
- Aware of complications & need for screening

**SICK DAY MANAGEMENT** Do the patient and/or parent know how to manage sick days Parent/Carer Yes  No  Patient Yes  No

- 2 hrly BGL

- test ketones if BGL >15 (does their glucometer test ketones?) and understands what a + ketones test means

- Contact details if need extra support

- Dose of extra insulin needed if ketones present (10-20% total daily dose)

**5. BLOOD GLUCOSE CONTROL**

Current HbA1c: \_\_\_\_\_ Collection date / /

HbA1c readings in last 12 months;

Goal: HbA1c ≤ 7.5%

Significant hypos requiring assistance (in last 3 months)

Date	HbA1c	Date	HbA1c

Yes  No  How many \_\_\_\_\_

Nocturnal hypos (in last 3 months)

Yes  No  How many \_\_\_\_\_

At what level do the hypos occur? (if <3mmol then hypo unaware, request frequent BGL testing and reduce doses) \_\_\_\_\_

**6. COMPLICATIONS SCREEN**

**A. EYES** Date of last Ophthalmologist/Optomestrist review: / /

Goal: at diagnosis then every 2 years for post puberty onset or every 5 years for pre puberty onset

Visual Acuity (corrected) R) \_\_\_\_\_ L) \_\_\_\_\_

Visually Impaired (<6/9 with pinhole testing): Yes  No  Blindness (<6/60) due to Diabetes: Yes  No

Diabetic Retinopathy: Yes  No  Laser Treatment: Yes  No

Cataracts: Yes  No

**B. WEIGHT** Weight: \_\_\_\_\_ kg

Height: \_\_\_\_\_ cm Waist: \_\_\_\_\_ cm

Weight within last 12 months:

Date	Weight	Date	Weight

**C. BLOOD PRESSURE** Current BP \_\_\_\_\_/\_\_\_\_\_

BP Measurements within the last 12 months:

date	BP	date	BP	date	BP	date	BP

**D. FEET & JOINTS** Goal: Check annually

- paronychia (discuss care and glycaemic control)
- calluses (indicative of poor control)
- feet deformities (discuss shoes)
- hand deformities i.e. fixed finger flexion

**E. THYROID FUNCTION** TSH \_\_\_\_\_ Goal: 0.4-4.0 mU/L T4 \_\_\_\_\_ Goal: 10-24 pmol/L Collection date / /

**F. COELIAC SCREEN** Transglutaminase Yes  No  Total IGA \_\_\_\_\_ (once only) Collection date / /

**G. LIPIDS**

Current: Chol \_\_\_\_\_ mmol/L Goal <4.4mmol/l Trig \_\_\_\_\_ mmol/L Goal <1.1mmol/l  
 HDL \_\_\_\_\_ mmol/L Goal >1.0mmol/l LDL \_\_\_\_\_ mmol/L Goal <2.6mmol/l Collection date / /

**H. KIDNEYS** Date of last assessment: / / Spot Albumin/Creatinine Ratio: \_\_\_\_\_ Collection date / /

**Recommended: Albumin/Creatinine Ratio – first morning spot test.**

**Female** Normal < 3.5 Microalbuminuria 3.6 – 30 Macroalbuminuria >30

**Male** Normal < 2.5 Microalbuminuria 2.6 – 30 Macroalbuminuria >30

*If ACR normal test every 2 years for post puberty onset or every 5 years for pre puberty onset. If hypertensive or HbA1c>8% test annually*

*If microalbuminuria repeat ACR 2x over 6 weeks confirmed diagnosis if 2 out of 3 positive, discuss treatment with endocrinologist.*

*If macroalbuminuria do a 24hr urine protein.*

- 7. CONTACTS**  Attends diabetes centre  Sees endocrinologist at paediatric clinic  
 Sees LMO +/- adult endocrinologist if they have left school

- 8. OTHER ISSUES**  Wears a Medicalert bracelet  Management of diabetes when out socially  Coping strategies  
 Glucagon at home  Sport/physical exercise  Body image concerns ( i.e. weight)  Smoking  
 ETOH  Drugs  School issues  Contraception  
 Attended a diabetes camp year \_\_\_\_\_  
 Parent's Issues \_\_\_\_\_ Other Worries \_\_\_\_\_

- 9. REFERRALS AT THIS VISIT** Diabetic Educator  Podiatrist  Paediatrician   
 Ophthalmologist/Optomtrist  Physician  Dietitian  Endocrinologist   
 Social Worker  Psychologist  Other \_\_\_\_\_

MANAGEMENT PLAN	Provider	Review

**Recommended: GP sends copy of GP Management Plan to nominated referees, patient, paediatrician & Division**

**PATIENT'S AGREEMENT**

I have agreed/my carer has agreed to this GP Management plan and I understand the recommendations.

Signed by Patient/Parent/Carer/ or verbal: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signed by GP: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

A review date has been set: Review Date: \_\_\_/\_\_\_/\_\_\_

**Please send a copy to:**

- Diabetes Program Manager, New England Division of General Practice Fax 6771 1170 or mail to PO Box 1321 Armidale 2350
- The Paediatrician
- Hunter New England Health Paediatric Diabetes Clinic fax: 67764900