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| DIABETES FLOW CHART | | [current photo here] |
| [full name] Age: [age]  Grade: [grade or class] | |
| When to do Blood Sugar Level (BSL) testing | | |
| * **Prior** to recess/snack * **Prior** to & **After** physical activity/sport - *this includes swimming* * If **[name]** indicates that [he/she] ***‘feels low’*** * **15 minutes After** treatment for a Low BSL * At **12:30pm**, in the Health Centre, prior to [his/her] insulin injection   (after insulin, [name] is to return immediately for lunch with [his/her] class) | | |
| ***FLOW CHART FOR BSL ACTION*** | | |
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| **Management notes** | | |
| [name]’s back pack must accompany [name] at all times  The Jelly Beans administered must *only* be from [his/her] supply in the backpack  Treatment of [his/her] BSL levels should be on the spot – *do not send [his/her] to the Health Centre*  *All* BSL readings and management must be recorded in the record book kept in [his/her] backpack  [name] has a mobile phone in [his/her] backpack – press black middle key, then \* to unlock  For any emergency management do not leave [name] alone – adult supervision is required at all times.  If the Health Centre is not available then call [initials of nurses or staff]. | | |
| **Contacts** | | |
| **Mum:** [contact details] | **Dad:** [contact details] | |
| **Health Centre:** [contact details] | [initials of nurses or staff and their extensions] | |