



Diabetes Action Plan

~To Be Completed by Health Care Provider~

General Information:

Today's Date: __ / __ / __
 Child's Name: _____ Child's Date of Birth: __ / __ / __
 Parent/Guardian 1: _____ Phone: () __ - __
 Parent/Guardian 2: _____ Phone: () __ - __
 Primary Health Care Provider: _____ Phone: () __ - __
 Specialty Provider: _____ Phone: () __ - __

Blood Glucose Monitoring:

Target range for blood glucose is: 80-180 Other _____

When to check blood glucose:

- before lunch
- before snacks

When to do extra blood glucose checks:

- before exercise
- after exercise
- when showing signs of low blood glucose
- when showing signs of high blood glucose
- other _____

Insulin Plan:

Please indicate which type of insulin regimen this child uses (check one):

Plan A: Insulin Pump

1. Always use the insulin pump bolus wizard: Yes No
If no, use Insulin:Carbohydrate Ratio and Correction Factor dosage on Plan B.
2. Blood glucose must be checked before the child eats and will (check one):
 Be sent to the pump by the meter Need to be entered into the pump
3. The insulin pump will calculate the correction dose to be delivered before the meal/snack.
4. After the meal/snack, enter the total number of carbohydrates eaten at that meal/snack. The insulin pump will calculate the insulin dose for the meal.
5. Contact parent/guardian with any concerns.

Plan B: Multiple Daily Injections

1. Child will receive a fixed dose of _____ long-acting insulin at _____ Yes No
2. Follow blood glucose monitoring plan above.
3. Use _____ insulin for meals and snacks. Insulin dose for food is _____ unit(s) for meals OR _____ unit(s) for every _____ grams carbohydrate.
Give injection after the child eats.
4. If blood glucose is above target, add correction dose to: Lunch Snack



Use the following correction factor _____ or this scale:

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

Only add correction dose if it has been 3 hours since the last insulin administration.

☐ Plan C: Fixed Insulin Doses

1. Child will receive a fixed dose of long acting insulin? Yes No

If yes, give child _____ units of _____ insulin at _____.

2. Insulin correction dose at childcare (_____ insulin)? Yes No

3. If blood glucose is above target, add correction dose to: Lunch Snack

Use the following correction factor _____ or the following scale:

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

_____ units if BG is _____ to _____

Only add correction dose if it has been 3 hours since the last insulin administration.

Hypoglycemia Plan for Blood Glucose less than _____ mg/dL:

Typical signs/symptoms of your child's hypoglycemia: _____

What is usually given to treat your child's hypoglycemia? _____

Hyperglycemia Plan for Blood Glucose more than _____ mg/dL:

Typical signs/symptoms of your child's hyperglycemia: _____

What is usually given to treat your child's hyperglycemia? _____

Health Care Provider Signature _____ Date _____

Parent Signature _____ Date _____