



- Only a Doctor / GP or Specialist can develop a Diabetes Management Plan.
- Staff members must be appropriately trained to undertake any health procedures outlined in this Diabetes Management Care Plan.
- The Plan must be signed by the Health Professional and reviewed at least annually or more often as determined by the Health Professional.

Personal Details			
Name:			
CIRTS ID:			
Date of Plan:		Review Date:	

Section 1. Safeguarding Requirements – <i>completed by the person we support and LWB staff</i>		
The following safeguarding options are available for people receiving support with Diabetes Management.		
Product Type	Risk Management Options	
Shared and Supported Living	<i>Option 2 or 3 below must be selected</i>	
Lifestyle Supports	<i>Option 1, 2 or 3 below must be selected</i>	
Agreed Risk Management Strategy		Tick
1	The person chooses to self-manage their diabetes and agrees to LWB following general emergency response - only if required (<i>*Only for Lifestyle Supports</i>)	<input type="checkbox"/>
2	The person has provided a current Diabetes Management Plan, and it is attached to Section 1 of this document	<input type="checkbox"/>
3	The person will complete this NDIS LWB 5557 Diabetes Management Plan template with staff and a doctor	<input type="checkbox"/>

Section 2. – Diabetes Management – to be completed by Health Professional

This Diabetes Management Plan has been developed to assist in supporting and managing this person’s diabetes as per Life Without Barriers Health and Wellbeing Policy and Procedures.

Diagnosis	<input type="checkbox"/> Type 1 Diabetes	<input type="checkbox"/> Type 2 Diabetes
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Call the doctor when the following is identified:

Name of doctor:		Phone:	
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Section 3. Emergency Management – to be completed by Health Professional

Dial 000 for an Ambulance when:

Organise urgent medical review if the person experiences any of the following symptoms:

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| ▪ Numbness or tingling | ▪ Shooting or burning pain |
| ▪ Urinary Tract Infection | ▪ Increased Blood Pressure |
| ▪ Blurred Vision | ▪ Flashes of light or pain (in eyes) |
| ▪ Redness of feet | ▪ Corns, calluses, cuts or sores on feet |
| ▪ Ulcer(s) or sores that don’t heal | ▪ Symptoms of heart disease including chest pain |
| ▪ Other symptoms specific to the person: | |

Section 4. Blood Glucose Level (BGL) Management – to be completed by Health Professional

Blood Glucose Level (BGL) Testing

How often should the person test BGLs? e.g. daily, every so many hours, before and after meals etc.

Person tests their own BGLs independently	<input type="checkbox"/>
Person requires some support to test BGLs	<input type="checkbox"/>
Person requires full support to test BGLs	<input type="checkbox"/>
Type of Glucose Meter to be used:	
Type of Lancet to be used:	
Type of Blood Glucose strips to be used:	

Note: Record BGL Test Results in the [NDIS LWB 5559 Blood Glucose Level – Recording Chart](#)

Blood Glucose Monitoring

The low blood glucose level (hypo) range:	mmol/L
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The ideal blood glucose level range:	mmol/L
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The high blood glucose level range:	mmol/L
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Hypoglycaemia (low blood glucose level)

This person’s symptoms of Hypoglycaemia are:

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Treatment for Hypoglycaemia:

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Hyperglycaemia (high blood glucose levels)

This person’s symptoms of Hyperglycaemia are:

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Treatment for Hyperglycaemia:

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This person’s symptoms of Ketoacidosis are:

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Treatment for Ketoacidosis:

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When to call an ambulance if the person is experiencing Ketoacidosis:

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Foods, equipment to take with the person when out in the community

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Section 5. Diabetes Medication – to be completed by Health Professional

Medication Administration - refer to Medication Chart and Medication Record

Insulin has been prescribed	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes ➔	Tablet <input type="checkbox"/>	Injection <input type="checkbox"/>	Pump <input type="checkbox"/>
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Note: Medication must be entered into the person’s Compact Medication Chart

<input type="checkbox"/>	Person can administer their own medication
<input type="checkbox"/>	Person requires some support to take medication
<input type="checkbox"/>	Person requires full support to take medication – Staff must complete Medication Training

Insulin Administration

<input type="checkbox"/>	Person can administer their own injection without supervision
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Note: Administering Insulin via injection is classified as a High Intensity Daily Personal Activity (HIDPA) and is prohibited for LWB Disability Support Workers (DSWs).

<input type="checkbox"/>	Person requires some level of support to give their own injections (describe support – DSWs cannot administer the injection)
<input type="checkbox"/>	An Endorsed Enrolled Nurse or Registered Nurse/health professional administers insulin injection
<input type="checkbox"/>	Other - Describe:

What should staff do in the case where the person refuses medication / insulin? (in addition to completing an Incident Report in iSight)

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What action should be taken if the person is not eating?

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Section 6. Diet – to be completed by Health Professional

Best times for Meals and Snacks (It is recommended that the person have their meals at the same time each day)

Meal	Time		
Breakfast		Afternoon Tea	
Morning Tea		Dinner	
Lunch		Supper	

Does the person require a specialised diet?	<input type="checkbox"/> No <input type="checkbox"/> Yes
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Note: Specialised diet must be documented in [NDIS LWB 5524 Mealtime Management - Plan](#)

Section 7. Sick Day Action Plan – to be completed by Health Professional	
What to do on sick days? (Cold, cough, sore throat, vomiting, diarrhoea, injuries)	
The person we support:	Action to Take:
Is rejecting minimal quantities of food	
Is rejecting all drinks	
Is eating only small amounts of food	
Is rejecting all food	
Is vomiting	
Has diarrhoea	
Has a high temperature	
Is unable/refusing diabetes medication	
Is unable/refusing to have insulin	

Section 8. Exercise – to be completed via Health Professional suggestions with input from the person we support and LWB staff.
Person's preferred exercise:
How often and how long:
Signs and symptoms to immediately STOP during exercise:

Ideal Blood Glucose levels prior to exercising:

Time to test Blood Glucose levels (if applicable relating to exercise):

How often to drink water whilst exercising:

When and what to eat during exercising (if applicable):

Section 9. Diabetes Health Management Team

GP Name:		Phone:	
Diabetes Specialist:		Phone:	
Endocrinologist:		Phone:	
Diabetes Nurse Educator:		Phone:	
Dietitian:		Phone:	
Podiatrist:		Phone:	
Eye Specialist:		Phone:	
Emergency Contact 1:		Phone:	
Relationship:			
Emergency Contact 2:		Phone:	
Relationship:			

Section 10. Plan Development Sign off – to be completed by Health Professional

Plan Developed by – Name of Health Professional	Profession:	
Signature	Date:	Next Review due:

Signs a review of this plan should occur immediately:

Review – to be completed by Health Professional

- A Health Professional must review Plans at least annually or as often as determined by the Health Professional. The Health Professional should also include signs that, if observed by staff, indicate an immediate review should take place. LWB Disability Support Staff must also monitor the person’s health in the context of the STOP AND WATCH principles outlines in the [NDIS LWB 5501 Health and Wellbeing - Procedure](#)
- Plan Reviews can only be completed by the health professional who originally developed the plan or another health professional with equivalent qualifications. If the health professional has changed since the original plan was developed, they may wish to develop a new plan.
- If the current plan no longer meets the needs of the person, a new plan is required.

Treating Health Professional Declaration

I have today reviewed this plan and confirm that it remains appropriate to meeting the needs of the person.

Health Professional Name and Title	Health Professional Signature	Date