

CYS SERVICES DIABETES DAILY MEDICAL ACTION PLAN

(Form to be completed by Health Care Provider)

Child/Youth's Name	Date of Birth	Date
Sponsor Name		
Health Care Provider	Health Care Provider Phone	

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Program; DoDD 1342.17 Family Policy; AR 608-75, Exceptional Family Member Program; AR 608-10, Child Development Services.
PRINCIPAL PURPOSE: Information will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Member Program (EFMP) and the Army Child and Youth Services Program.
ROUTINE USES: The DoD "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this system.
DISCLOSURE: Disclosure of requested information is voluntary; however, if information is not provided individual may not be able to participate in Army Child and Youth Services Program.

In order to ensure the child/youth can be accommodated in a safe and healthy manner into a group child care setting, this plan should be completed by the child's health care provider in coordination with the CYS Services child/youth center's health consultant/Army Public Health Nurse (APHN) and the parent(s)/guardian(s). This plan should be developed with the understanding that child caregivers (non-medical personnel) responsible for caring for children in a group setting may be performing the tasks ordered on this Diabetes Daily Medical Action Plan. APHN Contact Information: _____

Date of Diabetes Diagnosis: _____ Type 1 Type 2 other: _____
DAY/MONTH/YEAR

Normal blood glucose range for child/youth: _____ to _____

DAILY CARE REQUIREMENTS (required during child care hours)

- Food Monitoring Blood Glucose Monitoring Activity Monitoring Insulin Therapy
 Other: _____

Storage of Diabetic Supplies and Emergency Response Medications (all supplies and medications supplied by parent/guardian)

- Blood Glucose Meter & Test Strips Ketone Meter & Test Strips Lancets Glucagon Insulin Pen Insulin Vial & Syringe

FOOD MONITORING - OVERSIGHT BY STAFF

- Meal/Snack Portion Control Verification of accuracy of counting of carbohydrates
 Verification of serving size Verification of carb data entry into insulin pump
 Verification of amount of food consumed
 Documentation on Food Log Other: _____

BLOOD GLUCOSE MONITORING

- Check blood glucose:** Before Meals/Snacks _____ Hours After Meals/Snacks
 Before Activity After Activity Prior to leaving care

BLOOD GLUCOSE MONITORING – METER, LANCETS AND TEST STRIPS / CONTINUOUS GLUCOSE METER

- Yes** - Brand/Model of the blood glucose meter: _____
Preferred testing site: Fingertips Forearm Thigh Other: _____

Note: If severely low blood glucose (hypoglycemia) is suspected only use the fingertips to check blood glucose.

- No** - Child/Youth has a Continuous Glucose Meter (CGM) - Brand/Model: _____
Alarms set for: Low: _____ (mg/dl) High: _____ (mg/dl)

- Take action based on alarms and readings
 Confirm CGM results with a finger stick check before taking action based on CGM blood glucose readings.

Note: If child/youth has symptoms or signs of hypoglycemia, check finger stick blood glucose level regardless of CGM readings.

BLOOD GLUCOSE MONITORING – CHILD/YOUTH SELF-ADMINISTERING/MONITORING

- No** - CYSS Caregivers will need to perform and monitor blood glucose/ketone checks
 Yes with assistance, child/youth can perform and self-monitor blood glucose/ketone checks with CYSS staff assistance
 Yes independently, child/youth can independently perform and self-monitor blood glucose/ketone checks and can alert CYSS staff if assistance is required
 Child/Youth has permission to carry self-monitoring items (meter, lancets, and test strips) and can responsibly maintain and dispose of lancets

