

## CARE PLAN

**Note:** A copy of this document should go with me to any hospital appointments, or if I am admitted to hospital. This should be updated at least annually.

### KEY PEOPLE IN MY DIABETES CARE TEAM

Date / /

**Name**

**Known as**

Date of birth

Address

Tel no

### The person at my care home who makes sure that my diabetes is reviewed is

Name

Tel no

### The GP responsible for my diabetes care is

Name

Tel no

### Other HCP contacts (consultant/DSN/podiatrist/dietician)

Name

Tel no

Name

Tel no

Name

Tel no

Name

Tel no

### MY BLOOD GLUCOSE TARGET RANGE

Between  mmol/l and  mmol/l

My hypo signs are:

If blood glucose is below  mmol/l      Actions

My hyper signs:

If blood glucose is above  mmol/l      Actions

Blood glucose tests:      When should this be done?

Who should do this?

Meter and strip:

## MY FOOD CHOICES

The goals for my personal diet are

Likes/dislikes

Food allergies/intolerance

Other eating difficulties

Target weight

BMI target

## PHYSICAL ACTIVITY

**Walking ability:** Walking unaided  Uses walking aid  Chair bound  Bed bound

**Balance:** Sits, stands and turns unaided  Prevent a fall

**Bathing and dressing:** One carer support for bathing  Dress unaided

**Meals and nutrition:** Eat independently  Requires assistance  Fully dependent

**Physical activity targets**

**Physical activity plan**

## MY DIABETES MEDICATION

**HbA1c target:**

**Name of medication**

When to take it:

How to take it:

**Name of medication**

When to take it:

How to take it:

**Name of medication**

When to take it:

How to take it:

**Name of medication**

When to take it:

How to take it:

**For blood pressure**

BP target

**For cholesterol**

chol target

**Other medication**

**MY INSULIN**

The person to contact for advice about my insulin, and before making changes to my treatment is:

Name

Location

Tel

**Name of insulin?**

**When is it given?**

units @

units @

units @

units @

Device used?

Injection sites preferred

Who gives insulin?

**MY MENTAL/EMOTIONALWELLBEING**

**Things that would improve my mental/emotional health and wellbeing**

Activity: eg hobbies, leisure activities, family visits

Comment

**MY MEASUREMENTS**

Date / /

**Assessment of my memory**

Use of Mini-Cog? Yes  No  comment/plan

**Assessment of my mood Score:**

Use of depression screening? Yes  No  comment/plan

**My weight today** in kg

**BMI (body mass index)**

**MUST score**

**Blood pressure** today

**Visual acuity** date checked Tick if not undertaken

**Retinal screening** date Tick if not undertaken

Issues with my eyes

**My foot risk** Low  Moderate  High\*  Active\*

**My lab tests**

HbA1c

Cholesterol HDL LDL Trigs

eGFR Creatinine ACR

**Hypo frequency**

**Immunisations**

Pneumovax Date

flu jab Date

**Smoking** Yes  No

Cessation advice given? Yes  No  N/A

\*High/Active should have 'Red card' foot attack prevention card in notes (available from Diabetes UK).

**Diabetes UK Careline: 0345 123 2399\***

Internet resources

[www.diabetes.org.uk](http://www.diabetes.org.uk)

[www.patient.co.uk](http://www.patient.co.uk)

[www.instituteofdiabetes.org](http://www.instituteofdiabetes.org)

\*Calls may be recorded for training and quality purposes.