DIABETES UK
CARE. CONNECT. CAMPAIGN.

RESIDENT'S DIABETES PASSPORT

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:

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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

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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

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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
www.patient.co.uk
www.instituteofdiabetes.org

*Calls may be recorded for training and quality purposes.