

Children's Ward

Type 1 Diabetes Record Sheet

Royal United Hospitals Bath



NHS Foundation Trust

To be used in conjunction with Core Care Plan

DO NOT USE FOR CHILD FOLLOWING DKA PATHWAY

Patient Name:

DOB:

MRN:

NHS No:

Nurse Handover – Check ratios are correct on drug chart

Night → Early	Nurse initial		Nurse initial	
Early → Late	Nurse initial		Nurse initial	
Late → Night	Nurse initial		Nurse initial	

Date	Blood glucose (mmols)	Blood Ketones (mmols)	Food and Drink (Please give as much detail as possible)	Carbohydrate content (CHO) (grams)	Rapid acting insulin dose (units)	Injection site (Refer to keys below)	Staff Initial
Breakfast Time:					For CHO:		
					Correction:		
				Total:	Total:		
Snack Time:					For CHO:		
					Correction:		
				Total:	Total:		
Lunch Time					For CHO:		
					Correction:		
				Total:	Total:		
Snack Time:					For CHO:		
					Correction:		
				Total:	Total:		
Evening meal Time:					For CHO:		
					Correction:		
				Total:	Total:		
Snack Time:					For CHO:		
					Correction:		
				Total:	Total:		
Pre-Bed Time:					Correction:		
				Total:	Total:		
Midnight Time:					Correction:		
				Total:	Total:		
~3-4am Time:					Correction:		
				Total:	Total:		

Hypoglycaemia management (any blood glucose reading under 4mmols) – Target blood glucose 4-7 mmols

Time	Blood glucose	Treatment	Repeat blood glucose

Injection sites keys:

Left Thigh (outer aspect) – LT Right buttock –RB Abdomen Right side – RA

Right Thigh (outer aspect) – RT Left buttock – LB Abdomen Left side – LA

(Buttocks should initially be used for injection sites – paediatric team will advise on other sites as appropriate)

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					Correction:		
				Total:	Total:		
Evening meal Time:					For CHO:		
					Correction:		
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