PILOT - CYS SERVICES DIABETES DAILY MEDICAL ACTION PLAN (Form to be completed by Health Care Provider)						
	(Form	1		1		
Child/Youth's Name		Date of Birth		Date		
Sponsor Name						
Health Care Provider		Health Care Provid	ler Phone			
		PRIVACY ACT				
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Family Policy; AR 608-75, Exceptional Information will be used to assist Arm Member Program (EFMP) and the Arn The DoD "Blanket Routine Uses" that system.	 3013, Secretary of the Army; 29 U.S.C. 794, Nondiscrimination Under Federal Grants and Program; DoDD 1342.17 olicy; AR 608-75, Exceptional Family Member Program; AR 608-10, Child Development Services. on will be used to assist Army activities in their responsibilities in overall execution of the Army's Exceptional Family Program (EFMP) and the Army Child and Youth Services Program. "Blanket Routine Uses" that appear at the beginning of the Army's compilation of systems of records apply to this re 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.					
child's health care p parent(s)/guardian(s a group setting may	e child/youth can be accommodated in a s rovider in coordination with the CYS Servic). This plan should be developed with the be performing the tasks ordered on this Di	es child/youth cent understanding that abetes Daily Medic	er's health consultant, child caregivers (non-	/Army Public Health Nurse (AF -medical personnel) responsib	PHN) and the le for caring for children in	
Date of Diabete	s Diagnosis: DAY/MONTH/YEAR	2	□ Ту	pe1 □ Type 2 □ other:		
Normal blood gl	ucose range for child/youth:		to			
DAILY CARE REQUIREMENTS (required during child care hours)						
Food Monitoring	□ Blood G	lucose Monitoring	□ Activ	vity Monitoring	Insulin Therapy	
-		C C		, 0	.,	
-	c Supplies and Emergency Respon				- .	
	eter & Test Strips □ Ketone Meter & T NG - OVERSIGHT BY STAFF	est Strips □ L	ancets □ Gluca	agon □ Insulin Pen	Insulin Vial & Syringe	
□ Meal/Snack Port	ion Control		Verification c	of accuracy of counting of carb	ohydrates	
□ Verification of serving size			Verification c	of carb data entry into insulin p	ump	
Verification of	amount of food consumed					
Documentation	on Food Log		□Other:		_	
BLOOD GLUCOS	-					
Check blood glucos		acks		Hours After Meals/S	Snacks	
Before Activity	After Activity		 □ P	rior to leaving care		
· · · · · · · · · · · · · · · · · · ·	MONITORING – METER, LANCETS AND	TEST STRIPS / CO		0		
	lel of the blood glucose meter:					
Preferred testing	g 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) -					
	pw: (mg/dl)		ah:			
	ed on alarms and readings		j	(9,)		
□ 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						

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Child/Youth's Name	Date of Birth Da	te					
INSULIN THERAPY – CHILD/YOUTH OVERSIG	HT BY STAFF						
		□ Insulin Pen					
Given by: □ Insulin Pump Administered by : □ Child/Yout	□ Syringe & Vial h □ Parent	Other:					
		Rotation Other:					
Note: For rotation of injection sites, please ensure all preferred sites are selected. Symptomatic Blood Glucose Level Insulin Dosing: Give insulin according to the dosing scale:							
Blood glucose to mg/dl give units of insulin							
Blood glucose to mg/dl							
Blood glucose to mg/dl							
		whether pre-meal dosing is appropriate for the					
Post-meal dosing of insulin is preferred. Age and maturity must be considered when determining whether pre-meal dosing is appropriate for the child in a child care setting. Insulin dosing based on carbohydrate counts will only be supported for scheduled meals and snacks:							
Meal provided by parent/guardian pre-labeled amount of carbohydrates. Meal provided by parent/guardian pre-labeled amount of carbohydrates. Army CYS Standardized Menu with Nutritional Data (check availability)							
□ Carbohydrate coverage only: 1 unit of insulin per grams of carbohydrate							
Carbohydrate coverage + correction factor dose: Pre-meal blood glucose greater than mg/dl (target blood glucose) and hours since last insulin							
dose. Correction Factor: 1 unit of insulin per mg/dl above target blood glucose + 1 unit of insulin per grams of carbohydrate							
□ Insulin Pump Wizard							
□ DO NOT give insulin for snacks.							
Other: Child/Youth can determine own insulin deseases.							
Child/Youth can determine own insulin dosages:							
 No - Parent/Guardian or authorized adult designee must determine dosage and administer insulin injections. Yes with assistance, child/youth can determine dosage and administer insulin with supervision. 							
 Yes independently, child/youth can independently determine dosage and administer insulin with supervision. 							
Brand/Model:							
For blood glucose greater than mg/							
Follow actions and emergency protocols for signs/symptoms of low or high blood glucose (hypoglycemia/hyperglycemia).							
Child/Youth can self-manage their insulin pump:							
No - Parent/Guardian or authorized adult designed	e must assist child/youth to manage insulin pump s	ettings.					
Yes with assistance, child/youth can self-manage their insulin pump but may need CYSS staff to oversee entering blood sugar and meal information.							
Yes independently, child/youth can independently manage their insulin pump without any assistance or supervision.							
Parental Permission/Consent							
Parent's signature gives permission for child/youth personnel who have been trained in medication administration by the APHN or their designee to administer							
prescribed medicine and to contact emergency medical services if necessary. I understand that I am responsible for providing all of the medication and other							
necessary items for my child's/youth's care, to include sharps waste disposal and management. I also understand my child/youth must have required							
medication with him/her at all times when in attendance at CYS programs. Parent must be readily available via telephone in the event of a diabetic emergency.							
Youth Statement of Understanding I have been instructed on the proper way to use my medication. I understand that I may not share medications and should I violate these restrictions, my							
privileges may be restricted or revoked, my parents will be notified and further disciplinary action may be taken. I am also required to notify staff when carrying							
or taking my medication.							
I agree with the plan outlined above.							
Printed Name Parent/Guardian	Parent/Guardian Signature	Date (YYYYMMDD)					
Printed Name Youth, if applicable	Youth Signature	Date (YYYYMMDD)					
Stamp of Health Care Provider	Health Care Provider Signature	Date (YYYYMMDD)					
Printed Name Program Director / FCC Provider	Program Director / FCC Director Signature	Date (YYYYMMDD)					

APHN/Health Consultant Signature

Date (YYYYMMDD)

Printed Name APHN/Health Consultant