Diabetes Management Plan

Complete this plan with the patient, agree every target together, then set the review date. Update it whenever medication, targets, or circumstances change. Give the patient a copy.

1. PATIENT AND PLAN DETAILS

Patient name: _____ **Date of birth:** _____ dd / mm / yyyy

Record / MRN number: _____ **Diabetes type:** _____ type 1 / type 2 / gestational

Year of diagnosis: _____ **Weight and BMI today:** _____

Prepared by: _____ **Date completed:** _____ dd / mm / yyyy

Agreed with patient by: _____ **Next review date:** _____ dd / mm / yyyy

Other conditions, allergies, and current concerns

Agreed goals for the year ahead

Goal agreed with the patient	How progress is measured	Target date

2. BLOOD GLUCOSE AND HbA1c TARGETS

Parameter	Reference target	Agreed target	How and when it is checked
HbA1c	Below 7% (53 mmol/mol)		
Fasting / pre-meal glucose	80–130 mg/dL (4.4–7.2 mmol/L)		
Two hours after meals	Below 180 mg/dL (10 mmol/L)		
Monitoring frequency	Type 1: 4–6 checks daily. Type 2: 1–3 daily, or HbA1c every three months		

HbA1c today: _____ **Date of last HbA1c:** _____ dd / mm / yyyy

Monitoring method and frequency agreed: _____ meter / CGM / flash sensor

Reason for any target set above the reference range: _____

Reference targets follow the ADA Standards of Care. Individualize each one for age, diabetes type, comorbidities, and hypoglycemia risk, and record the reason above.

3. MEDICATION AND INSULIN ADMINISTRATION

Medication	Dose	Route	Timing	Special instructions

Typical type 2 regimens start with metformin at 500–2,000 mg daily, an SGLT-2 inhibitor, or a GLP-1 agonist. Insulin is added when oral medication no longer meets the agreed targets.

Insulin regimen — complete only if the patient uses insulin

Regimen: _____ basal-bolus / pump / premixed / basal only

Basal insulin and units: _____ **Bolus insulin and units:** _____

Carbohydrate-to-insulin ratio: _____ **Correction factor:** _____

Injection or infusion sites: _____

What to do about a missed or late dose: _____

Sick-day rules, including how doses change during illness: _____

4. NUTRITION AND MEAL PLANNING

Meal	Carbohydrate target (grams)	Timing in relation to medication
Breakfast		
Lunch		
Dinner		
Snacks		

Guidance covered with the patient

- ☐ Carbohydrate counting taught and practiced
- ☐ Carbohydrate exchange list or app provided
- ☐ Low glycemic index choices discussed
- ☐ Meals timed around medication doses
- ☐ Portion control and a weight target agreed
- ☐ Dietitian referral made

Current weight: _____ **Target weight:** _____ 5–10% loss improves control

Dietitian: _____ **Referral date:** _____ dd / mm / yyyy

Food preferences, culture, budget, and practical barriers

5. PHYSICAL ACTIVITY GUIDELINES

Aerobic activity agreed: _____ walking / cycling / swimming

Minutes per week: _____ target 150

Resistance sessions per week: _____ target 2–3

Best time of day to exercise: _____

Check glucose before activity if: _____

Postpone activity if glucose is: _____

Carbohydrate to take before, during, or after activity: _____

Contraindications and precautions, such as advanced retinopathy limiting vigorous exercise

6. HYPOGLYCEMIA AND HYPERGLYCEMIA ACTION PLAN

Hypoglycemia — low blood glucose, usually below 70 mg/dL (3.9 mmol/L)

1. Take 15 grams of fast-acting carbohydrate, such as juice, glucose tablets, or gel.
2. Recheck blood glucose after 15 minutes.
3. Repeat step 1 if glucose is still below target.
4. Follow with a snack or meal containing carbohydrate and protein.
5. Record the episode and what caused it, then tell the practice at the next contact.

This patient's warning symptoms: _____

Fast-acting carbohydrate carried: _____

Glucagon kept where: _____

Trained to give glucagon: _____

Call emergency services if: _____ unconsciousness, seizure, no response to treatment

Hyperglycemia — high blood glucose, usually above 300 mg/dL (16.7 mmol/L)

1. Drink water and hold further carbohydrate until glucose falls.
2. Take the next scheduled insulin dose if eligible, or the agreed correction dose.
3. Test for ketones if the patient has type 1 diabetes.
4. Watch for blurred vision, fatigue, thirst, and frequent urination.
5. Contact the practice if glucose stays high or ketones are present.

Agreed correction dose: _____

Ketone testing method: _____

Emergency contacts

Practice phone: _____

Out-of-hours number: _____

Named clinician: _____

Next of kin or carer: _____

Episode log — record every high or low reading that needed treatment

Date	Glucose	Likely cause	Action taken

7. ANNUAL REVIEW CHECKLIST

Review item	Target	Date last done	Result	Date due	Done
HbA1c	Below 7% (53 mmol/mol)				☐
Lipid panel	LDL below 100 mg/dL				☐
Renal function	eGFR and urine albumin; review doses if eGFR is below 30 mL/min				☐
Foot examination	No neuropathy or ulceration; refer to podiatry if found				☐
Retinal screening	Dilated eye exam, annually or as ophthalmology advises				☐
Blood pressure	Below 130/80 mmHg				☐
Weight and BMI	The target agreed in section 4				☐
Depression and anxiety screen	PHQ-9 and GAD-7 within range; refer if symptoms are present				☐

Escalate treatment or refer whenever a result misses target, then record the change in the review record below. An HbA1c under 6% prompts a check for hypoglycemia risk.

8. SELF-MANAGEMENT EDUCATION AND SUPPORT

- ☐ Structured self-management education offered
- ☐ Sick-day management explained
- ☐ Travel with diabetes covered
- ☐ Hypo and hyper symptoms recognized by patient
- ☐ Foot self-care explained
- ☐ When to contact the practice explained
- ☐ Family, carer, or colleague involved with consent
- ☐ Written copy of this plan given to the patient

Learning needs to cover at the next visit

9. REVIEW RECORD

Date	HbA1c	Changes made to the plan	Reviewed by

Patient signature and date

Clinician signature and date