

Diabetes Management Plan for Pediatric Patients

Date: [Insert Date]

Doctor's Name: [Insert Doctor's Name]

Patient's Name: [Insert Patient's Name]

Patient's Age: [Insert Patient's Age]

Diagnosis: Type 1/Type 2 Diabetes

Management Goals

- Maintain blood glucose levels within target range.
- Promote healthy growth and development.
- Educate child and family about diabetes management.

Medication Plan

Insulin regimen:

- **Type:** [Insert Type of Insulin]
- **Dosage:** [Insert Dosage]
- **Administration:** [Insert Administration Method]

Dietary Recommendations

A balanced diet consisting of:

- Carbohydrates: [Insert recommendations]
- Proteins: [Insert recommendations]
- Fats: [Insert recommendations]

Physical Activity

Encourage at least [Insert Duration] of physical activity per day.

Monitoring

Blood glucose monitoring schedule:

- Before meals: [Insert times]
- After meals: [Insert times]
- Bedtime: [Insert times]

Follow-Up Appointments

Next appointment scheduled for: [Insert Date]

Emergency Contact Information

In case of emergency, contact:

- [Insert Emergency Contact Name]
- [Insert Phone Number]

Signed,

[Insert Doctor's Name]

[Insert Medical Practice Name]