Diabetes Action Plan

Your Name _______________________________ Date ________________________________
Doctor’s Name __________________________ Doctor’s Phone Number ______________________

Update and discuss your action plan with your doctor at least once a year.

Glucose Monitoring
If your blood glucose is below ___________ , call your doctor. If you experience any of the following symptoms, your blood glucose may be low:

- Shaking
- Headache
- Fast Heartbeat
- Irritability
- Sweating
- Impaired Vision
- Anxiousness
- Weakness
- Dizziness
- Fatigue
- Hunger

If your blood glucose is lower than 70 mg/dL*:
- Eat or drink something with glucose in it (i.e. hard candy, orange juice, or milk)
- Have a snack (like half a sandwich) if the next meal is more than 30 minutes away

If your blood glucose is above ___________ , call your doctor. If you experience any of the following symptoms, your blood glucose may be high:

- Extreme Thirst
- Frequent Urination
- Hunger
- Dry Skin
- Blurred Vision
- Drowsiness
- Nausea

If your blood glucose is higher than 240 mg/dL*:
- Check your urine for ketones; if positive:__________________________________________
- Medicines:____________________________________________________________________
- Diet:_________________________________________________________________________
- Exercise:_____________________________________________________________________

* Values consistent with American Diabetes Association recommendation. Talk to your doctor to determine your specific values.
**Medicine Management**
List all of the medicines you currently take. Your doctor can review this list and help determine if any changes are needed.

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<thead>
<tr>
<th>Name</th>
<th>How much to take</th>
<th>When to take it</th>
<th>Reason for taking it</th>
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**Exercise**

_______ Times per week
_______ Minutes per session
Target heart rate ______________

**Diet/Nutrition**

_______ Calories per day
_______ Grams carbohydrates per day

**Reminders:**
- Examine your feet daily for scrapes, cuts and bruises. Tell your doctor if you have any of these, or if you have a change in your feet’s feeling or sensation.
- Schedule the following tests at least once per year:
  - A1c (blood sugar): ______________________ (date)
  - LDL (bad cholesterol): ________________ (date)
  - Microalbumin (kidney function): _________ (date)
  - Retinal eye exam: _____________________ (date)

When you are ill...sick day management
- Continue taking your diabetes medicine
- Check your blood glucose every three to four hours
- Check urine for ketones if blood glucose is 240 mg/dL or higher
- Drink plenty of liquids
- Eat regularly (soup, toast and juice are good choices if your stomach is upset)
- Call your doctor if ____________________________________________

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