



Update and discuss annually with your physician.

Patient Name: _____ Date: _____

Physician: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Diabetes Patient Action Plan

Diabetes Medications

Name	How Much to Take	When to Take

Monitoring

- Monitor your blood glucose _____ times/day.
- If your blood glucose is above _____ or below _____ call physician.

If you experience any of the symptoms below, your blood glucose may be low. Check your blood sugar.

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

If your blood glucose is **lower** than **70 mg/dL***:

- Eat something with glucose in it (hard candy, sugar-sweetened soda, orange juice, or glass of milk).
- Have a snack (ie, 1/2 a sandwich) if the next meal is more than 30 minutes away.
- _____

If you experience any of the symptoms below, your blood glucose may be high. Check your blood sugar.

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

If your blood glucose is **higher** than **240 mg/dL***:

- Check your urine for ketones; if positive:

- Medications: _____
- Diet: _____
- Exercise: _____

*Values consistent with American Diabetes Association recommendations. Specific values should be established for each patient.

Diabetes Patient Action Plan

Exercise

- _____ times per week _____ minutes/session Target heart rate _____

Diet/Nutrition

- _____ calories/day _____ grams carbohydrates/day

Reminders

- Examine your feet daily for scrapes, cuts, bruises, etc. Report any of these or changes in feeling or sensation to your physician.
- Your next HbA_{1c} test should be performed on: _____ / _____ / _____
DATE
- The next time you need an eye exam is: _____ / _____ / _____
DATE
- Your next microalbuminuria/kidney function test is: _____ / _____ / _____
DATE

When you are ill... Sick Day Management

- Continue taking your diabetes medication
- Check your blood glucose every 3 to 4 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 the physician if _____

Questions

To ask your doctor on your next visit: _____

Signatures:

Patient



Physician