

My Action Plan for Diabetes – Adult

Name _____ Date _____

Please bring this plan and a list of your medicines to each health provider or emergency room visit. Bring your blood glucose (sugar) log to each health provider visit.

Things I will do each day

- Check my blood glucose each day as I discussed with my health care provider.
- Check my blood glucose if I don't feel well (I have signs of high or low blood glucose).
- Eat three healthy meals and focus on eating healthy portions.
- Exercise as I discussed with my health care provider.
- Check my feet for sores, cracks or changes in the way they feel.
- Take my medicines, even when I feel good.
- Do not smoke and stay away from smoky places.
- Go to all my health appointments.

I feel normal for me

- My blood glucose before meals is between 80-130 mg/dL and two hours after the meal starts it is less than 180 mg/dL.

CAUTION – I need to take action

LOW BLOOD GLUCOSE → ACTION

If my blood glucose is **70 mg/dL** or less OR if I experience any of the following symptoms, I will take ACTION:

- Dizziness or shakiness.
- Confusion or lightheadedness.
- Excessive sweating.
- Excessive hunger or nausea/vomiting.
- Anxiety.
- Blurred vision, headache or slurred speech.
- Sleepiness or fatigue.

1. First, I will eat or drink 15 grams of carbohydrates (carbs) (4 glucose tablets, ½ cup juice, ½ cup regular soda or 1 cup milk). Drink more sugar free fluids or water as tolerated.
2. Then I will recheck blood glucose in 15 minutes. If blood glucose is not more than 70 mg/dL, I will take 15 grams of carbs. I will do this process up to two more times.
3. If wearing a continuous glucose monitor, use finger stick to confirm low blood sugar.
 - * I will tell my health provider about ANY blood glucose less than 70 mg/dL, and contact my health provider if I have more than one unexplained low blood glucose in a week.

HIGH BLOOD GLUCOSE → ACTION

If my blood glucose is more than 240 mg/dL (or higher than the level my health provider set for me), I will take ACTION.

1. I will take my medicine the way my health provider advised.
2. I will drink more sugar-free fluids or water as tolerated.
3. I will contact my health provider if my blood glucose stays higher than we discussed for more than 2 days.

I FEEL SICK → ACTION

If I feel any of the following symptoms, I will take ACTION:

- Fever for a couple of days.
- Vomiting or diarrhea for more than 6 hours.
- Moderate to large urine ketones present (Type 1).
- Unsure what to do.

1. I will check my blood glucose more often – about every 4 hours.
2. I will drink ½-1 cup of sugar-free fluids every hour while awake.
3. I will take my medicine the way my health provider advised.
4. I will call my health provider.

DANGER – I will take action immediately

I FEEL WORSE → ACTION – I will CALL 911

- My blood glucose is still less than 70 mg/dL after treating 3 times.
- It is hard to breathe.
- I have fruity smelling breath.
- I feel like I'm going to pass out.

I will get help right away.

I WILL NOT drive myself or have a friend or family member drive me to the hospital.

