



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<sub>1c</sub> 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



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