

My Diabetes Care Plan



Diabetes may affect many parts of your body. Keeping blood glucose in target range will help you feel well, have more energy and reduce your risk of complications.

Name: _____	Date: _____
--------------------	--------------------

My diabetes medicines are: _____

I take these medicines at these times: _____

Notes: _____

Mark the days and times to check blood glucose:

Days:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Times:	<input type="checkbox"/> Before Breakfast <input type="checkbox"/> Before Lunch <input type="checkbox"/> Before Dinner <input type="checkbox"/> Bedtime
	<input type="checkbox"/> After Breakfast <input type="checkbox"/> After Lunch <input type="checkbox"/> After Dinner <input type="checkbox"/> Middle of the Night
Goals:	Pre-Meal: 90-130 or _____ 2 hours after meal: 110-160 Bedtime: 110-150

Use the results:

- Write them down on a log sheet or record book. Bring them to your next appointment.
- Look for patterns in the numbers. The results help you and your provider make decisions about your diabetes treatment plan.

Labs and Exams	Goal/How Often	My Results	My Action Plan
A1C	Less than 7% 2-4 times a year		<i>Write down details for taking the first step!</i> <input type="checkbox"/> Start new diabetes medicine plan <input type="checkbox"/> Check blood glucose at times chosen above. Write down results. <input type="checkbox"/> Review blood pressure medicines <input type="checkbox"/> Make appointment for dilated eye exam <input type="checkbox"/> Check feet every day <input type="checkbox"/> Meet with diabetes educator <input type="checkbox"/> Meet with registered dietitian for meal plan <input type="checkbox"/> Lose weight (2-4 pounds/month) (<i>how?</i>) _____ <input type="checkbox"/> Increase physical activity (<i>how?</i>) _____ <input type="checkbox"/> Make better food choices (<i>how?</i>) _____ Other: _____
Blood Pressure	Less than 130/80 Once a year		
Cholesterol	LDL less than 100 or _____ Once a year		
Microalbumin	Less than 30 Once a year		
Dilated Eye Exam	Once a year		
Foot Exam	2-4 times a year		
Weight	Short-term goal _____ 2-4 times a year		
Flu Shot	Once a year		

When to call the healthcare provider:

1. If your blood sugar falls below 70 and you don't know why or if you become unconscious.
2. If you are sick and unable to take liquids because of nausea or vomiting.
3. If you have a fever over 101° or a pain that lasts.
4. If your blood sugar is 250 or higher with or without ketones.
5. If you are just unsure of what to do.

Schedule your next appointment: 1 month
 3-4 months
 6 months
 1 year