

NAME: _____

1. **HYPERGLYCEMIA** – If I recognize signs and symptoms of Hyperglycemia:

- Fatigue Excessive thirst Frequent urination Blurred vision

I will:

- Drink plenty of non-caloric fluids (Water)
- Check my blood sugar and * ketones if you have Diabetes Type 1 or type 2 and using insulin.
- Adjust my meal plan and activity level
- I will call my primary care provider if my blood sugar is >240 three times in a row within 2-3 hours

And I will consider the cause:

- Forgetting to take diabetes medication
- Anxiety/Stress
- Inactivity
- Overeating
- Infection/Illness

2. **HYPOGLYCEMIA** – If I recognize signs/symptoms of hypoglycemia:

- Weakness - Rapid heart beat Light-headedness Shakiness Sweating

Carry out the **“Rule of 15. Plan”**

- Eat or drink a snack containing 15 grams of fast-acting carbohydrates (1/2 can of regular soda or 1/2 glass or 4 Oz. of orange juice).
- Re-check blood sugar in 15 minutes; if **less 70, take an additional 15grams of fast-acting carbohydrate**
- Eat a snack (1/2 peanut butter sandwich with ½ glass of milk) within 30 minutes if your scheduled meal is more than an hour away.

And I will consider the cause:

- Delaying meals
- Too much diabetes medication
- Not eating enough food
- Too much exercise

3. **MINI-SICK DAY PLAN** – When I am sick:

I will:

- Continue to take my diabetes medication
- Monitor my blood sugar **every 2-3 hours**
Eat the usual amount of meals and snacks divided into smaller proportions
- Drink (sip) water frequently (8 ounces per hour while awake)

And I will call my health care provider if I have:

- Blood sugar reading **more than 300 and (+) *ketones or double the range set by my health care provider**
- Blood sugar reading **<70 that does not improve after eating a meal or snack**
- Fever of 101.5°F degrees or higher
- Nausea and vomiting, especially if you have no food or fluid intake for more than 5 hours
- Symptoms of shakiness, lightheadedness, sweating, rapid heart rate that does not improve after eating a meal or snack
- **Any problem with my feet (burns, blister, swelling, bruising or discoloration, bleeding, or oozing of fluid)**

Patient Signature _____ Date _____ Educator Signature _____