



My Diabetes Care Plan



My Diabetes Care Plan

From: (date) _____

To: (date) _____

Name: _____

Address: _____

Phone: _____

Email: _____

Healthcare Contact Information:

Family physician: _____

Phone: _____

Diabetes specialist: _____

Phone: _____

Other doctor: _____

Phone: _____

Pharmacy: _____

Phone: _____

Other contacts: _____

My Medications			
Name of medicine	What it is used for	Dose to take	When to take it

Checking Your Blood Glucose Levels

Recommended Targets for Blood Glucose Control*		
A1C (%)	SMBG Fasting or before meals (mmol/L)	SMBG 2 Hours after meals (mmol/L)
7.0 or below	4.0 to 7.0	5.0 to 10.0 (5.0 to 8.0 if A1C targets are not being met)
*Glycemic targets should be set individually based on age, hypoglycemia risk, diabetes duration, life expectancy, and presence or absence of cardiovascular disease. SMBG = self-monitoring of blood glucose		

The values provided are general guidelines, but treatment strategies and goals should be developed to meet your individual needs.

Testing Frequency

The Canadian Diabetes Association recommends the following general guidelines for testing, but your doctor or diabetes educator will help you develop a personalized testing schedule.

- If you take oral medications and do not use insulin, your doctor or diabetes educator will work with you to establish an individualized testing schedule.

- If you have type 2 diabetes and use once-daily insulin in addition to oral medications, test at least once a day at different times of day.
- If you use insulin more than once a day, test at least three times daily. Be sure to include testing both before meals and two hours after meals.
- Because it is important to understand how your body responds to exercise, test before, during, and for many hours after exercising.
- You may need to perform ketone testing during an acute illness if your before-meal blood glucose is higher than 14.0 mmol/L or if you are experiencing symptoms of diabetic ketoacidosis such as nausea, abdominal pain, or vomiting.
- Have your A1C level tested every three months or on the schedule your doctor has set for you.
- Compare your home meter results with laboratory measurements at least once a year in order to be sure your blood glucose readings are accurate—also whenever your A1C level is not consistent with your meter readings.
- Discuss possible adjustments you could make to your meal plan, testing schedule, or exercise program with your doctor or diabetes educator if you are not meeting your glycemic targets.

Low Blood Sugar (Hypoglycemia)

Low blood glucose (hypoglycemia) occurs when blood glucose levels drop below 4 mmol/L. This can be a problem for people with diabetes, and it must be treated right away in order to prevent serious problems. While hypoglycemia does produce symptoms, not everyone will experience them, so the best way to determine your blood sugar level is through blood glucose testing.

When symptoms do occur, they may include:

- weakness
- sweating
- headache
- trembling
- hunger
- palpitations
- tingling
- difficulty concentrating
- drowsiness
- dizziness
- anxiety
- nausea
- confusion
- vision changes
- difficulty speaking

Adults who experience mild to moderate hypoglycemia symptoms should first test their blood sugar and then treat symptoms by consuming 15 grams of fast-acting carbohydrates to raise blood sugar to a safer level. The best way to do this is by taking glucose tablets, but other options include:

- 15 mL (1 Tbsp.) of honey
- 6 Life Savers® candies
- 15 mL (3 tsp.) or 3 packets of table sugar dissolved in water
- 175 mL (3/4 cup) of juice or regular soft drink (do not choose a diet soft drink)

After 15 minutes, retest your blood sugar. If it is still below 4 mmol/L, consume another 15 grams of carbohydrates.

For severe hypoglycemia, consuming 20 grams of carbohydrates is recommended. If blood glucose is still below 4 mmol/L 15 minutes later, take in another 15 grams of carbohydrates. Once your symptoms have been reversed, try to prevent another episode by eating your usual meal or snack. If your usual eating time is more than an hour away, take in another 15 grams of carbohydrates plus a protein source.

Be careful to avoid over-treating hypoglycemia—this can cause hyperglycemia, or high blood sugar.

For children and teenagers, non-severe hypoglycemia symptoms should be treated on an individual basis. You can prepare ahead of time by discussing possible strategies with your healthcare provider. Often severe hypoglycemia in children and teenagers is treated with glucagon or with paediatric doses of IV dextrose at a hospital.

My Diabetes Care Plan

Show this booklet to your doctor or diabetes educator at your next appointment, so your healthcare professional will be able to make a written record for you of how to manage your diabetes. And bring the booklet back with you to future appointments to provide your healthcare team with information that will help if any adjustments need to be made to your meal plan, exercise program, medications, or testing schedule.

Time to Test	Comments

Time to Test	Comments

Other recommendations:

My Diabetes Care Plan

Blood Glucose Testing Record								
Date	Breakfast		Lunch		Dinner			
	Before	After	Before	After	Before	After	Bedtime	Night
Medication								
Medication								
Medication								
Medication								

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