My Diabetes Care Record

_									
A1C - At least twice each year									
	A1C – At least twice each year Usual goal: less than 7								
Date:		-							
Result:									
	RESSURE (visit						
	I: less than	130/80	T	T	T				
Date:									
Result:									
CHOLEST	EROL (LDL) – Once ea	ch vear						
	l: less than		,						
Date:									
D 11									
Result:									
_	Each visit								
My goal: Date:									
Date.									
Result:									

DIABETES CARE	DATE	RESULT
Each visit:		
Foot check		
Weight check		
Twice each year:		
Dental exam		
Once each year:		
Dilated eye exam		
Complete foot exam		
Kidney check		
Flu shot		
At least once:		
Pneumonia shot		

Here are some questions you can ask your doctor or health care team:

How can I conti	ormy diabotoo.	
Should checkin	g my blood glucose be part o	f my diabetes care plan?
What should my	/ blood glucose level be?	
Before I eat:	Too high if over:	Too low if under:
2 hours after I eat:	Too high if over:	Too low if under:
Before bed:	Too high if over:	Too low if under:
	s I want to ask my doctor:	are too high? Too low?



Foot Care Guidelines



Examining

- Examine feet every day. Use a mirror for hard-to-see places or have someone help you.
- Look for cuts, sores, bumps, red spots, swelling, and infected toenails. Report any findings.
- Have your doctor check your feet during every visit.

Cleaning

- Wash feet in warm, but not hot, water every day.
- Use mild soap.
- Dry feet with a soft towel. Be sure to dry between your toes.

Maintenance

- Keep the skin soft and smooth with lotion on the top and bottom. Don't use lotion between toes – that might cause an infection.
- Keep toenails filed straight across.
- Don't use wart removers or try to cut off calluses or corns. Let a doctor check and treat these problems.
- Keep feet away from open fires, radiators, etc.
- Elevate feet when sitting.
- Wiggle toes and move feet to keep blood moving.

• Don't cross your legs for long periods of time.

Socks

- Don't wear socks with holes or rough seams.
- Wear socks and shoes that fit well and protect your feet.
- If your feet are cold, sleep in socks. Don't use heating pads or hot water bottles on your feet.
- Don't wear tight socks or garters.

Shoes

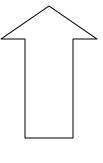
- Check shoes before putting them on to make sure no sharp edges or objects are in them.
- Break in new shoes slowly.
- Don't wear flip-flops or pointed toe shoes.
- Never go barefoot even inside.
- Your doctor may prescribe therapeutic shoes for you. If you have Medicare, one pair per year will be covered.

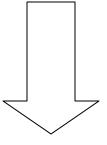
What can make blood sugar too high:

- Not taking diabetic medication
- Illness
- Eating more than usual
- Eating foods high in sugar
- Stress
- Exercising less than usual
- Taking certain medications such as cough and cold products

What can make blood sugar too low:

- Eating less than usual or skipping a meal
- Exercising more than usual
- Taking more diabetic medication than needed





Blood Sugar Diary

To fill out the diary, write your blood sugar results in the box marked Blood Sugar. List the amount and any changes in insulin taken in the box marked insulin. Write down any types of special or unusual foods you have eaten, the time and types of exercise, and also any sickness and urine results for ketones, in the comments section. Also note your feelings, low blood sugar reactions, and general health. "Good Control" – keeping your blood sugar levels in a range that you and your doctor have agreed upon (usually "near the normal range") – can become a routine part of your life and help you feel better every day.

Sample Logbook Entry:

	В	reakfas	st	-	Lunch			Dinner		Bed	time	Night	Comments
	before	insulin	after	before	insulin	after	before	insulin	after		insulin		Diet, exercise,
Day	time		time	time		time	time		time	time		time	ketones, stress, feelings,
Date	blood		blood	blood		blood	blood		blood	blood		blood	general health
	sugar		sugar	sugar		sugar	sugar		sugar	sugar		sugar	
Mon	106	5h		100			240	8h		180	15n		Ate lunch out
4/29		10n											
Tues		5h	140			180		8h		120	15n		
4/30		10n											
Wed	115			130			180			90			Walked 30
5/1													min., ate
													larger snack

	В	reakfas	st		Lunch			Dinner		Bed	time	Night	Comments
	before	insulin	after	before	insulin	after	before	insulin	after		insulin		Diet, exercise,
Day	time		time	time		time	time		time	time		time	ketones, stress, feelings,
Date	blood		blood	blood		blood	blood		blood	blood		blood	general health
Mon	sugar		sugar	sugar		sugar	sugar		sugar	sugar		sugar	
Tues													
Wed													
Thurs													
Fri													
Sat													
Sun.													

ear normal blood sugar range before eating is: 80 – 120 mg/dl							
Near normal blood sugar range 2 hours after eating is: 100 – 140 mg/dl							
My target blood sugar range:							
Before eating From:	_ To:						
2 hours after eating From:	To:						

	В	reakfa	st		Lunch			Dinner		Bed	time	Night	Comments
	before	insulin	after	before	insulin	after	before	insulin	after		insulin		Diet, exercise,
Day	time		time	time		time	time		time	time		time	ketones, stress, feelings,
Date	blood		blood	blood		blood	blood		blood	blood		blood	general health
Mon	sugar		sugar	sugar		sugar	sugar		sugar	sugar		sugar	
Mon													
Tues													
Wed													
Thurs													
Fri													
Sat													
Sun.													

	В	reakfas	st		Lunch			Dinner		Bed	time	Night	Comments
	before	insulin	after	before	insulin	after	before	insulin	after		insulin		Diet, exercise,
Day	time		time	time		time	time		time	time		time	ketones, stress, feelings,
Date	blood		blood	blood		blood	blood		blood	blood		blood	general health
Mon	sugar		sugar	sugar		sugar	sugar		sugar	sugar		sugar	
141011													
Tues													
Wed													
Thurs													
Fri													
Sat													
Sun.													

Exercise Tips

- Talk to your doctor about a safe activity plan.
- Start slow, build slow.
- Plan frequent rest periods throughout the day.
- Sit down and rest if you become even mildly short of breath.
- Avoid extreme temperatures.

Exercise Plan

have an appointment to talk to my doctor on//exercise plan.	about developing ar
My activity of choice is	
My goal is to do this activity times per	
My reward for reaching this goal is	

Week 1	Activity	Time or Distance
Monday	-	
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Week 2	Activity	Time or Distance
Monday	-	
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Week 3	Activity	Time or Distance
Monday		

Week 3	Activity	Time or Distance
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Week 4	Activity	Time or Distance
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Week 4, continued	Activity	Time or Distance
Saturday		
Sunday		

Week 5	Activity	Time or Distance
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Week 6	Activity	Time or Distance
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

My Medication Record

Directions: List all over-the-counter medications, vitamins, and other nutritional supplements and prescription drugs that you take. Keep this record up-to-date and with you at all times (in your purse or wallet). Bring it with you when you visit your doctors or pharmacist.

NAME:			
PRIMARY DOCTOR'S NAME:		PHONE:	
PHARMACY:		PHONE:	
DRUG ALLERGIES:			
OTHER INFORMATI	ON:		
Name	Purpose	Dosage	Special Directions

SERVING SIZE CARD:

Cut out and fold on the dotted line. Laminate for longtime use.

1 Serving Looks Like . . .

GRAIN PRODUCTS



1 cup of cereal flakes = fist

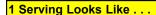
1 pancake = compact disc

½ cup of cooked rice, pasta, or potato 1 = ½ baseball



1 slice of bread = cassette tape

1 piece of cornbread = bar of soap



VEGETABLES AND FRUIT

1 cup of salad greens = baseball



1 baked potato = fist

1 med. fruit = baseball

½ cup of fresh fruit = ½ baseball



1/4 cup of raisins = large egg

1 Serving Looks Like . . .

DAIRY AND CHEESE



 $1\frac{1}{2}$ oz. cheese = 4 stacked dice or 2 cheese slices

½ cup of ice cream = ½ baseball



FATS

1 tsp. margarine or spreads = 1 dice

1 Serving Looks Like . . .

MEAT AND ALTERNATIVES

3 oz. meat, fish, and poultry = deck of cards



3 oz. grilled/baked fish = checkbook



2 Tbsp. peanut butter = ping pong ball