Taking Care of ME

Blood Glucose Testing Bring meter and booklet to each visit

- Before Breakfast
- Before Lunch
- Before Dinner
- Before Bedtime Snack
- Once a week at 3 AM
- 15-30 minutes after treating low blood sugar.

Urine Ketone Testing

- If blood sugar is higher than 240
- If you are sick and not feeling well
- If you feel sick to your stomach or throw up

Meals/Snacks

Breakfast-Snack-Lunch-Snack-Dinner-Snack

Low Blood Sugar

If you are alert and talking

- 4oz of juice OR
- 8oz of milk OR
- 6-8 oz of regular soda OR
- 3 glucose tablets or tube of glucose gel

If child is not alert or refuses treatment– Call 911 and use glucagon emergency kit.

Goal 1	I will work hard to lower my A1c. I will keep all my medical and group appointments	
Goal 2	I will choose _____ as an exercise and do it_____minutes,_____times a week	
Goal 3	I will cover all my carbs with insulin.	
Goal 4	I will eat breakfast ____times a week.	
Goal 5	I will make healthy food choices to help keep the best weight for me	
Goal 6	I will have an eye exam every year..	
Goal 7	I will check my blood sugar as instructed by my doctor or nurse and write the result in my log	
Goal 8	I will see my dentist every year	
Goal 9	I will talk to my doctor or nurse when I have trouble reaching my goals	
Goal 10	I will _____	

All About Me Care Plan

My name is_____
I am ____years old.
My medical record # is_____
Today's date is _____/_____/_____

INSULIN DOSE	Pre–Breakfast	Pre-Lunch	Pre-Dinner	Pre-Bedtime Snack
Lantus, NPH Novolog 70/30, Humalog 75/25				

SLIDING SCALE REGULAR / HUMALOG / NOVOLOG / APIDA

Glucose Level	Pre-Breakfast	Pre-Lunch	Pre-dinner	Bedtime snack

JUST FOR ME!

A1c target	My A1c
Normal blood sugar 80-120mg/dl	**My blood sugar -**

My Care Team

Doctor:_____
Phone#_____

Nurse:_____
Phone#_____

Educator:_____
Phone#_____

Social Worker:_____
Phone #_____

Dietitian:_____
Phone #_____

School Nurse:_____
Phone #_____

Clinic Phone #

_____

Pediatric ER Phone #

_____