

Your name: _____

Address: _____

Phone: _____

Diabetes Care Team Information:

Name: _____

Specialty: _____

Address: _____

Phone: _____

Name: _____

Specialty: _____

Address: _____

Phone: _____

Name: _____

Specialty: _____

Address: _____

Phone: _____

Special Instructions: _____

Important information about managing your diabetes

Here is a list of some things you and your doctor can do to help control your diabetes.

1. What your doctor needs to do:

- ✓ HbA_{1c} – a blood test to assess your average blood sugar control.
- ✓ Lipids – a blood test to check your blood fats.
- ✓ Urine Analysis – a test for early signs of kidney problems.
- ✓ Blood pressure – for signs of general health problems.
- ✓ Foot examination – for signs of ulcers, infections, abnormalities.
- ✓ Eye examination – to check the back of your eyes for diabetic changes.

2. What you need to do:

- ✓ See a diabetes educator and dietitian to learn how to look after your diabetes.
- ✓ Eat sensibly. Eat less sugary and fatty food.
- ✓ Do some regular exercise. Ask your doctor what exercise is suitable for you.
- ✓ If you smoke, stop smoking.
- ✓ When you visit your GP remind them that you have diabetes.

**Discuss this information
with your doctor**

Clinical Data Record

Please ask your doctor to complete

Date						
Weight (kg)						
Height (m)						
BMI (kg/m ²)						
Blood Pressure: Lying						
Blood Pressure: Standing						
Fructosamine						
HbA _{1c}						
Total Cholesterol						
HDL Cholesterol						
LDL Cholesterol						
Triglycerides						
Urinary Protein						
Ketones						
Date of last eye examination:						
Date of last foot examination:						
Check of injection sites:						

Hypoglycaemia

What is hypoglycaemia?

Hypoglycaemia, or “hypo”, is the term used to describe when your blood glucose level is <3.5 mmol/L. You should try and keep your blood glucose between 3.5 and 8.0 mmol/L by carefully balancing diet, insulin and exercise. You may suffer a “hypo” if you are:

1. Taking too much insulin or too many tablets.
2. Missing or delaying a meal, or eating too little following an insulin injection.
3. Exercising more than usual.
4. Drinking alcohol without food.
5. Not eating enough carbohydrate food.

Symptoms of hypoglycaemia

The symptoms of hypoglycaemia vary from person to person and may include some of the following:

- Feeling shaky, sweaty or tired.
- Feeling hungry or confused.
- Heart beating quickly.
- Blurred vision or headache.
- Tingling or numbness around the lips.

How to deal with “hypos”

There are no absolute guarantees against “hypos”, but there are a few precautions you can take to help avoid them and the problems they may cause:

- Be prepared – always carry some quickly absorbed sugary food with you e.g. barley sugar, jelly beans, orange juice or soft drinks (not diet).
- Be sensible about exercise – when performing strenuous exercise consider having extra carbohydrates to cover the period of exercise.
- Do not skip or skimp on your meals.
- Occasionally, you may not realise that you are becoming “hypo”, so if someone tells you that you need sugar, take it and argue later.
- Carry an identification card or disc identifying that you have diabetes.
- Explain “hypos” and how to treat them to those people you have close contact with like your relatives, friends or people at work.
- Finally if you do have a “hypo”, always try and work out why it happened, so you can try to avoid it next time.

If any of your blood sugar readings are too low or if you have “hypos” for no obvious reasons at about the same time for 2 days in a row, then you should contact your diabetes care team as you need to reduce your insulin dose or have your diet adjusted.

Severe hypoglycaemia

If severe hypoglycaemia does occur, you may lose consciousness. **Food or drinks should not be given to you if you are unconscious.**

In such cases family or friends could give you an injection of glucagon.

Glucagon will raise your blood sugar by a small amount for a short while, which is long enough for you to regain consciousness and take some glucose by mouth. You will normally respond within 10–15 minutes. **Medical assistance must be sought for an unconscious person.**

A second injection of glucagon may be given while waiting for medical assistance. It is a good idea to keep glucagon at home and perhaps also at work (or school).

If you would like to know more about glucagon, ask your diabetes care team at your next appointment.

Diabetic Ketosis

Diabetic Ketosis or Ketoacidosis

These words are used by doctors to describe what happens when the blood sugar is very high and ketones are present in the urine. This could be caused by missing insulin injections, taking too small a dose of insulin or neglecting your diet.

It may also happen if you have an infection or another illness, because at these times the body needs more insulin. You will notice that your blood or urine tests change to indicate the presence of more sugar when you have a cold.

It is a serious mistake to think that you need less insulin if you have an infection. This is not so, even if you lose your appetite. **Remember that if you have an infection you usually need more insulin, even if you are not eating as much as usual.**

Diabetic ketosis is a serious problem which generally develops gradually over 12 to 48 hours. If you suspect this condition, **immediately seek help from your diabetes clinic or doctor.**

Symptoms of Ketosis

The symptoms of ketosis include the following:

- Rapid breathing or breathlessness
- Flushed cheeks
- Sweet fruity smell on the breath
- Dehydration
- Abdominal pain
- Vomiting, nausea
- Extreme drowsiness

Important

These signs and symptoms should be regarded very seriously and require immediate medical attention. Remember that you must **never stop your insulin** except when instructed to by your doctor.

Weekly Insulin and Blood Glucose Record

Here you can record your insulin injections and blood glucose measurements each day.

WEEK BEGINNING: _____ (DATE)

		Insulin Injections						Monitoring Blood Glucose						Remarks Activity, illness, diet changes, time of hypos (noting blood glucose and treatment).
Type of Insulin	Units given	Breakfast			Lunch			Dinner		Before Supper or Bed	Over night			
		Before	After	Before-Bed	Before	After	Before	After	Before			After		
Mon	My Insulin	6		4	8.0		8.0		5.0		5.0	1.5	Hypo at 3am ate Peanut Butter sandwich (forgot bedtime snack)	
Tues														
Wed														
Thu														

Record the number of Units given in each injection in the column that corresponds to the injection time. (Breakfast, Lunch, Dinner, Before Bed).

- Record Testing Results each time you monitor your glucose.
- Unless your doctor or nurse indicates otherwise, describe times and reasons of any supplemental insulin doses, changes in eating or activity patterns, illness or other things that may affect your blood glucose.

Notes