

Diabetes — *Personal Action Plan*

Date: _____

The most important person in managing your diabetes is **you**. Your healthcare team will help you fill out this first page during your visit. Other members of your team may help you develop your action plan on the following pages.

Treatment guidelines

My current lab tests

During your appointment we discussed how to resolve problems related to getting these tests:

- | | |
|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> HbA1c | <input type="checkbox"/> Urine albumin |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Eye exam |
| <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Foot exam |

My personal diabetes management goal

My healthcare team's treatment goals

Your healthcare team's treatment goals for managing your diabetes: _____

My personal action plan

Focus on just 1 or 2 of the following each week:

- Taking **medications** daily (see page 2)
- Being more **active** (see page 2)
- Monitoring my **blood glucose** (see page 3)
- Following a healthy **eating plan** (see page 3)
- Monitoring my **weight** and **blood pressure** (see page 4)
- Caring for my **feet and skin** (see page 4)
- Other: Manage stress, quit smoking, etc.

My next appointment: _____

Bring this Action Plan to your appointment.

Local resources:

Care manager or health educator: _____

Dietitian: _____

Local clinic phone and website: _____

Other consultants or providers: _____

Patient education resources

Write the date you received each checked resource:

- Living Well:* _____
- First Steps:* _____
- Carb Counselor:* _____
- Food Finder:* _____
- Meal Plan:* _____
- Testing Tips and Guidelines:* _____
- Diabetes education class (when and where):* _____

Online resources

- Sign up for MyHealth
- intermountainhealthcare.org/diabetes
- American Diabetes Association: diabetes.org
- National Diabetes Association Program: ndep.nih.gov
- Applications for iPad or smartphone: **Glucose Buddy, OnTrack, Pocket A1c**
- ID Medical Bracelet: **1-800-ID-Alert**
- Other websites: gomeals.com, diabetesincontrol.com

MEDICATION — (See page 52 of Living Well: Diabetes Care Handbook)

Check the medications you take — Medication names are listed as generic name (Brand name)

Oral diabetes medications

Including: metformin, (Glucophage), (Januvia)

Oral medications do not contain insulin. They help your cells take in more glucose from your blood stream.

I take: _____

I will remember to take this medication by: _____

Insulin — rapid acting

Including: aspart (NovoLog), glulisine (Apidra), lispro (Humalog)

Takes effect in 10 to 20 minutes. Lasts 3 to 5 hours.

I take: _____

I will remember to take this medication by: _____

Insulin — short acting, regular

Including: regular R, (Novolin R), (Humulin R)

Takes effect in 30 to 60 minutes. Lasts 4 to 8 hours.

I take: _____

I will remember to take this medication by: _____

Insulin — intermediate acting

Including: NPH, (Novolin N), (Humulin N)

Takes effect in 1 to 3 hours. Lasts 10 to 18 hours.

I take: _____

I will remember to take this medication by: _____

Insulin — peakless

Including: glargine (Lantus), detemir (Levemir)

Takes effect in 2 to 3 hours. Lasts 24 or more hours.

I take: _____

I will remember to take this medication by: _____

Insulin mixes

Including: (Novolog mix 70/30), (Humalog mix 75/25), (Humalog mix 50/50)

These are taken twice a day — morning and evening.

I take: _____

I will remember to take this medication by: _____

Possible side effects from any form of insulin. Refer to page 4 for when to call your provider.

Redness at the site • Shaking • Cold sweats • Headache • Hunger • Muscle cramps • Increased urination • Confusion • Fainting • Tingling in hands or feet • Shaking • Cold sweats • Rapid breathing • Shortness of breath

ACTIVITY (See pages 69 to 75 of Living Well: A Diabetes Care Handbook)

To increase activity, I will:

Week 1 Week 2 Week 3 Week 4

Walk _____ minutes _____ times in my neighborhood or at a mall

Go to an exercise class at a gym or community center

Do light housekeeping or yard work

Have a physical therapy evaluation if needed

Take a brisk walk

Do strength training exercises — with light weights or without weights

Swim or do water exercise _____ minutes _____ days a week

Other:

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

BLOOD GLUCOSE *(See pages 39 to 48 of Living Well: A Diabetes Care Handbook)*

To monitor my blood glucose, I will:

Week 1 Week 2 Week 3 Week 4

My blood glucose goal is _____				
Check my blood glucose _____ times a day				
Take my medication as prescribed if my blood sugar is higher than _____				
Eat or drink something sugary (15 grams of carbohydrate) if my blood glucose is lower than _____				

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

EATING PLAN *(See page 60 of Living Well: A Diabetes Care Handbook)*

Week 1 Week 2 Week 3 Week 4

I will drink 6 to 8 glasses of water a day

To eat more whole grains, I will:

Week 1 Week 2 Week 3 Week 4

Make sure at least half my grains are whole grains				
Choose breads and tortillas made from whole wheat or corn — not white flour				
Switch to brown rice				
At breakfast eat oatmeal or cold cereals with a whole grain listed as the first ingredient on the label				

To eat more fruits and vegetables, I will:

Week 1 Week 2 Week 3 Week 4

Fill half my plate with vegetables and fruits				
Snack on vegetables and fruits, not chips and candy				
Buy pre-washed, pre-cut vegetables for quicker meals and snacks				
Eat more dark green and leafy vegetables, such as spinach, kale, and broccoli				
Eat more bright yellow, orange, and other colorful vegetables, such as sweet potatoes, carrots, squash, sweet red peppers, and dried apricots				
Eat more foods with vitamin C, such as citrus fruits, peppers, tomatoes, strawberries, and cantaloupe				
Watch out for syrup or other added sugars in canned and frozen fruit				
Choose whole fruits more often than juices				

To limit alcohol and added sodium, sugar, and fat, I will:

Week 1 Week 2 Week 3 Week 4

Avoid alcohol, or limit to 1 drink a day (women), or 2 drinks a day (men)				
Take the salt shaker off the kitchen table				
Try other seasonings instead of salt, such as lemon juice, vinegars, onion or garlic powder, or herbs				
Avoid foods and drinks with added sugar (such as soda)				
Choose low fat or fat-free milk, cheese, and yogurt				

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

WEIGHT AND BLOOD PRESSURE (See pages 79 to 81 of *Living Well: A Diabetes Care Handbook*)

To keep track of my weight and blood pressure, I will: Week 1 Week 2 Week 3 Week 4

Track my current weight				
Track my target weight				
Weigh myself every day				
Track my blood pressure at least once a week				

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

CARE FOR FEET AND SKIN (See pages 82 to 85 of *Living Well: A Diabetes Care Handbook*)

To care for my feet and skin, I will: Week 1 Week 2 Week 3 Week 4

Wash and inspect my feet every day				
Avoid extreme temperatures				
Prevent and treat dry skin				
Not use sharp tools or harsh chemicals on my feet				
Keep my toenails trimmed				
Consider seeing a podiatrist				
Be "shoe and sock smart"				

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

WATCH FOR SYMPTOMS (See pages 79 to 81 of *Living Well: A Diabetes Care Handbook*)

I will call my healthcare provider when: Week 1 Week 2 Week 3 Week 4

I have had a fever for a couple of days and am not getting better				
I have had vomiting and diarrhea for more than 6 hours				
I have extreme hunger or thirst				
I have fasting blood glucose level of 240 mg/dL or higher for more than 24 hours				
I have moderate to large amounts of ketones in my urine (When I have large amounts of ketones in my urine, I will seek emergency care)				
I have stomach pain				
My body aches				
I feel light-headed or dizzy				
I feel myself fading in and out of alertness				