

Diabetes Care Card



Name

Emergency contact

Drug allergies

I have diabetes...

- If I'm acting strangely or can't be awakened, my blood glucose may be low.
- If I can't be awakened or can't swallow, do NOT try to give me anything by mouth. Call 911 or get me to a hospital now.
- If I can swallow, give me something sugary to eat or drink (see the list of quick sugar sources containing 15 grams of carbohydrate, below). If I don't recover within 10 minutes, give me another 15 grams of carbohydrate from a quick sugar source and call 911 or send me to a hospital.

Quick sources of sugar for treating low blood glucose (70 or less)

The following items contain approximately 15 grams of carbohydrate:

- 1 ½ cup fruit juice (orange, apple, grapefruit)
- ½ cup regular soda (not diet soda)
- 1 cup skim milk
- 2 tablespoons raisins
- 4 teaspoons sugar
- 1 tablespoon honey or corn syrup
- 4 to 5 saltine crackers
- 1 fruit roll-up
- 3 to 5 pieces hard candy
- 3 to 4 glucose tablets
- 1 tube glucose gel
- 17 small gum drops
- 11 jellybeans
- 8 Lifesavers®

Note: Candy bars, cookies, cakes, and other higher fat options are poor sources of quick energy because the fat slows down absorption of carbohydrates. High-fiber foods (such as apples and many fresh fruits) also slow absorption.

Blood Glucose Guidelines

| Time of Test | Recommended | Your Goals |
|--------------------------------------|---------------------|------------|
| Fasting (before breakfast) | 70 to 130 mg/dL | |
| Before a meal | 70 to 130 mg/dL | |
| 2 hours after a meal | less than 180 mg/dL | |

Essential Diabetes Care Guidelines

The tests and procedures listed below are important for good diabetes care. Use this chart to enter test results and dates completed. **Note: The goals listed below are recommended for most people with diabetes — but your goals may be different. Talk to your doctor about individual targets.**

| Tests | Year | | | |
|--|------|--|--|--|
| | | | | |
| HbA1c (2 to 4 times a year) • Goal is below 7% (or _____) | | | | |
| Blood pressure (every office visit) • Goal is less than 140/90 (or _____) | | | | |
| Cholesterol Check once every 5 years, or more often, as advised by your provider. • Medication? _____ | | | | |
| Urine albumin / creatinine ratio (once a year) • Goal is less than 30 | | | | |
| Dilated eye exam (once a year) | | | | |
| Dental exam (twice a year) | | | | |
| Foot exam (once a year) Don't forget daily care and inspection! | | | | |
| Flu shot (once a year) | | | | |
| Pneumococcal vaccines Timing varies, so ask your doctor what schedule is best for you. | | | | |