

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:

- 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			
HbA_{1c} (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) <i>Don't forget daily care and inspection!</i>				
Flu shot (once a year)				
Pneumococcal vaccines The timing varies, so ask your doctor what schedule is best for you.				