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:

- □ HbA1c
- □ Cholesterol
- □ Blood pressure
- □ Urine albumin
- □ Eye exam
- □ 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.

- **Insulin — rapid acting**
  Including: aspart (NovoLog), glulisine (Apidra), lispro (Humalog)
  Takes effect in 10 to 20 minutes. Lasts 3 to 5 hours.

- **Insulin — short acting, regular**
  Including: regular R, (Novolin R), (Humulin R)
  Takes effect in 30 to 60 minutes. Lasts 4 to 8 hours.

- **Insulin — intermediate acting**
  Including: NPH, (Novolin N), (Humulin N)
  Takes effect in 1 to 3 hours. Lasts 10 to 18 hours.

- **Insulin — peakless**
  Including: glargine (Lantus), detemir (Levemir)
  Takes effect in 2 to 3 hours. Lasts 24 or more hours.

- **Insulin mixes**
  Including: (Novolog mix 70/30), (Humalog mix 75/25), (Humalog mix 50/50)
  These are taken twice a day — morning and evening.

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:

<table>
<thead>
<tr>
<th>Week</th>
<th>Walk</th>
<th>Go to an exercise class</th>
<th>Do light housekeeping</th>
<th>Have a physical therapy evaluation</th>
<th>Take a brisk walk</th>
<th>Do strength training exercises</th>
<th>Swim or do water exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<td>4</td>
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</tbody>
</table>

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:**

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
</table>

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*)

**I will drink 6 to 8 glasses of water a day**

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
</table>

To eat more whole grains, I will:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>To care for my feet and skin, I will:</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash and inspect my feet every day</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Avoid extreme temperatures</td>
<td></td>
<td></td>
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<tr>
<td>Prevent and treat dry skin</td>
<td></td>
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</tr>
<tr>
<td>Not use sharp tools or harsh chemicals on my feet</td>
<td></td>
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<tr>
<td>Keep my toenails trimmed</td>
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<tr>
<td>Consider seeing a podiatrist</td>
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<tr>
<td>Be “shoe and sock smart”</td>
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</tbody>
</table>

*Possible problems for meeting my goal are: ____________________________

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

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

<table>
<thead>
<tr>
<th>I will call my healthcare provider when:</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have had a fever for a couple of days and am not getting better</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I have had vomiting and diarrhea for more than 6 hours</td>
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<tr>
<td>I have extreme hunger or thirst</td>
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<tr>
<td>I have fasting blood glucose level of 240 mg/dL or higher for more than 24 hours</td>
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<tr>
<td>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)</td>
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<td></td>
</tr>
<tr>
<td>I have stomach pain</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>My body aches</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I feel light-headed or dizzy</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I feel myself fading in and out of alertness</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>To keep track of my weight and blood pressure, I will:</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track my current weight</td>
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<tr>
<td>Track my target weight</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Weigh myself every day</td>
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<tr>
<td>Track my blood pressure at least once a week</td>
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</tbody>
</table>

*Possible problems for meeting my goal are: ____________________________

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

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