Cincinnati Children's Hospital Medical Center

My Photo

Diabetes ID Sheet– Basal/Bolus Insulin Injection Therapy

School Year 2015-2016

Student _____ Address _____

Date of Birth_____ School _____ Grade _____

I have diabetes and my pancreas does not make insulin. Without insulin, the food (carbohydrates) that I eat cannot be used for energy. To manage my diabetes, I require injections of insulin. Several times a day I must check my blood glucose level. It is important that you understand some facts about diabetes while I am in your care. Please review this and keep it as a reference.

MEALS AND SNACKS

My blood glucose is affected by the food (carbohydrates) that I eat. I have no dietary restrictions, but I need an insulin injection when I eat food that contains carbohydrates.

ACTIVITY

My blood glucose is also affected by activity. I may need an extra snack (carbohydrates) before, during, or after a strenuous activity. In this case, I do not need to take insulin.

LOW BLOOD GLUCOSE

Occasionally, my blood glucose may become too low. This is most likely to occur just before lunch, after strenuous activity, if my meal/snack is delayed, or if I don't eat enough food (carbohydrates).

If my blood glucose becomes too low, I may have the following signs/symptoms:

☐ Hunger	☐ Irritability	☐ Behavior Change	☐ Headache
☐ Shakiness	☐ Sweat	☐ Lack of concentration	☐ Drowsiness
☐ Paleness	☐ Weakness	☐ Confusion	☐ Poor coordination

- If this happens I NEED A FAST-ACTING CARBOHYDRATE
  - You can give me _____
  - You will find this _____
- Recheck blood glucose in 15 minutes
- Repeat carbohydrates if symptoms persist or blood glucose is less than _____ md/dL

If my blood glucose drops to a severe low, I may become unconscious or have a seizure.

- **DO NOT attempt to give me anything by mouth**
- **Position me on my side if possible**
- **Administer glucagon (if available) by trained personnel**
- **Call 911**
- **Contact my parent(s)/guardian**
- **Stay with me**

EMERGENCY NUMBERS:

_____

Mother: Home phone Work phone Cell phone

_____

Father: Home phone Work phone Cell phone

_____

Other (relationship) Home phone Work phone Cell phone