Cincinnati Children's
Hospital Medical Center

My Photo

Diabetes ID Sheet – Split Mixed Insulin Injection Therapy
School Year 2012-2013

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 must take insulin every day and balance my activity level and the food that I eat. 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 ACTIVITY

My blood glucose is affected by the food (carbohydrates) I eat, my activity level and the amount of insulin I take. Please make sure that:

My meals and snacks are eaten at specific times.
I eat my meals/snacks at _____, _____, _____, _____, _____, _____.
I may need an extra snack (carbohydrates) before, during, or after a strenuous activity.

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