

Name _____ Age _____ 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 everyday 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:

- | | | | |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Irritability | <input type="checkbox"/> Behavior Change | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Sweat | <input type="checkbox"/> Lack of concentration | <input type="checkbox"/> Drowsiness |
| <input type="checkbox"/> Paleness | <input type="checkbox"/> Weakness | <input type="checkbox"/> Confusion | <input type="checkbox"/> 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
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Father:	Home phone	Work phone	Cell phone
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Other (relationship)	Home phone	Work phone	Cell phone
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