

# Diabetes Action Plan

Name \_\_\_\_\_

Date \_\_\_\_\_

Medical Provider \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Office Hours \_\_\_\_\_

Diabetes Educator \_\_\_\_\_ Phone \_\_\_\_\_

I should test my blood sugar \_\_\_\_\_ times a day at \_\_\_\_\_

My desired blood sugar range is between \_\_\_\_\_ and \_\_\_\_\_

My weight goals are \_\_\_\_\_

My Medications	Dose	How Often	Reason

## Signs of Low Blood Sugar

- Hunger
- Change in behavior
- Paleness
- Weakness / shakiness
- Tiredness / sleepiness
- Dizziness
- Headache
- Rapid heartbeat
- Nausea
- Clamminess / sweating
- Blurred vision
- Confusion
- Loss of consciousness
- Seizure

## What Should I Do?

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## Signs of High Blood Sugar

- Increased thirst
- Increased urination
- Increased appetite
- Tiredness / sleepiness
- Blurred vision
- Warm, dry or flushed skin
- Nausea / vomiting
- Abdominal pain
- Rapid, shallow breathing
- Weakness / muscle aches
- Fruity breath odor

## What Should I Do?

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(turn over)

## Things I Should Do Every Day

- 1) Check my feet every day for sores or redness
- 2) Wear proper shoes
- 3) Take all medicine as my medical provider has prescribed
- 4) Talk to my medical provider about any problems with my medicine or to get questions answered
- 5) Wear diabetic identification
- 6) Keep my blood sugars in good control
- 7) Watch what I eat. Follow my meal plan as prescribed by my medical provider
- 8) Attempt to exercise daily, if able

## Know My Targets

### Blood Pressure: 130/80 or less

What is my blood pressure? \_\_\_\_\_

When was my blood pressure last checked?  
\_\_\_\_\_

When is my next appointment to re-check my blood pressure? \_\_\_\_\_

### Bad Cholesterol: LDL less than 100

What is my LDL level? \_\_\_\_\_

When was my LDL last checked? \_\_\_\_\_

When is my next appointment to re-check my LDL?  
\_\_\_\_\_

### Hemoglobin A1c: less than 6.5%

What is my Hemoglobin A1c? \_\_\_\_\_

When was my Hemoglobin A1c last checked?  
\_\_\_\_\_

When is my next appointment to re-check my Hemoglobin A1c? \_\_\_\_\_

### Flu Shot: every fall

When did I last get a flu shot? \_\_\_\_\_

When is my appointment to get my flu shot this year?  
\_\_\_\_\_

## Talk to My Medical Provider TODAY, if:

- 1) I have chest pain or tightness
- 2) I feel weak or have tingling on one side of my body
- 3) I have new vision or speech problems
- 4) I feel burning when I go to the bathroom
- 5) I have new sores or redness on my feet
- 6) I feel dizzy or confused
- 7) I feel thirstier than usual
- 8) I need to go to the bathroom more often than usual

To request additional copies of this action plan, please contact:  
APS Healthcare, 307.433.0970.

This information is for general information purposes only and is not intended to replace the counsel or advice of a qualified health professional.



Wyoming  
**DIABETES**  
Prevention and Control  
Program

