

Achieving More Together: Our Diabetes Care Plan



**Camden Coalition of
Healthcare Providers**
Camden Citywide Diabetes Collaborative

The Camden Citywide Diabetes Collaborative wants you to have the best diabetes care and control.

Name:	DOB:	Date:
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My diabetes medicines are:					ACE _____	ASA
Time I take this medicine:						
Notes:						

Write your food and blood glucose readings down in the table below. Bring them to your next appointment. This will help you and your provider look for patterns.

Fasting BG	Breakfast	2 hrs after Breakfast	Before Lunch	Lunch	2 hrs after Lunch	Before Dinner	Dinner	2 hrs after Dinner	Bedtime

Goals: Fasting Blood Glucose: 80 - 130 _____ 2 hours after meals: 130 - 180 _____ Bedtime: 100 - 140 _____

Labs and Exams	Goal/How Often	My Results	My Action Plan
A1C	Less than 7% 2-4 times a year		Write down details for taking the first step! <input type="checkbox"/> Start new diabetes medicine <input type="checkbox"/> Check blood glucose at times listed above. Write down results. <input type="checkbox"/> Review _____ medicines <input type="checkbox"/> Make appointment for dilated eye exam <input type="checkbox"/> Check feet every day <input type="checkbox"/> Attend Diabetes class <input type="checkbox"/> Take Healthy Nutrition class <input type="checkbox"/> Hypoglycemia treatment _____ <input type="checkbox"/> Use the plate method <input type="checkbox"/> Use of meter <hr/> <input type="checkbox"/> Increase physical activity (how?) <hr/> <input type="checkbox"/> Make better food choices (how?) <hr/> Other: _____
Blood Pressure	Less than 130/80		
Weight			
Cholesterol LDL	LDL less than 100 70 2-4 times a year Talk to your provider about Triglycerides and HDL		
Microalbumin/Creatinine Ratio	Less than 30 2-4 times a year		
GFR	Greater than 60 2-4 times a year		
Dilated Eye Exam	Once a year		
Foot Exam	2-4 times a year		
Dental	2 times a year		
Flu Shot	Once a year		
Pneumovax	Once/lifetime If over 65, talk to your provider		

When to call the healthcare provider:

- If your blood glucose level is greater than 300 mg/dL for more than six hours.
- If you are unable to eat any food for more than a day.
- If you have persistent diarrhea for more than eight hours.
- If you have high (101.5°F) or rising fever, or a fever lasting over 24 hours.
- If you are sick for more than two days.
- If you have moderate to large amounts of ketones in your urine (type 1 only).
- If you have dry mouth, thirst, dry skin, decreased urine, vomiting, abdominal pain, shortness of breath or continual diarrhea.