

## Self-management Instructions

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- Schedule your next health care provider's appointment for \_\_\_\_\_
- Meet with a diabetes educator
- Meet with a registered dietitian for meal plan

### Check Your Blood Sugar

- |              |  |
|--------------|--|
| <b>Days</b>  | <input type="radio"/> Monday                                     |
|              | <input type="radio"/> Tuesday                                    |
|              | <input type="radio"/> Wednesday                                  |
|              | <input type="radio"/> Thursday                                   |
|              | <input type="radio"/> Friday                                     |
|              | <input type="radio"/> Saturday                                   |
|              | <input type="radio"/> Sunday                                     |
| <b>Times</b> | <input type="radio"/> Before Breakfast                           |
|              | <input type="radio"/> After Breakfast                            |
|              | <input type="radio"/> Before Lunch                               |
|              | <input type="radio"/> After Lunch                                |
|              | <input type="radio"/> Before Dinner                              |
|              | <input type="radio"/> After Dinner                               |
|              | <input type="radio"/> Bedtime                                    |
|              | <input type="radio"/> Middle of the Night                        |
| <b>Goals</b> | <input type="radio"/> Before meal:<br>70-130 mg/dL               |
|              | <input type="radio"/> 2 hours after meal:<br>less than 180 mg/dL |

### Things to remember:

- Write your blood sugar levels down in a log book
- Bring your log book to your next check-up
- Eat your meals at the same time every day
- Check your feet every day
- Get some form of exercise daily
- Be sure your medications list is up to date

### Call your health care provider

#### Immediately if:

- Your blood sugar falls below 70 mg/dL and you are unresponsive to food or glucose tablets

#### As soon as possible if:

- You have not eaten well or have not been able to consume sufficient fluids for 2 or more days
- You have a fever, abdominal pain, hypotension, lethargy or confusion, or respiratory distress
- Your blood sugar is greater than 250 mg/dL for 2 consecutive days

# Managing Your Diabetes

Medication	How Much I Take (Dose)	What Time(s) I Take It
Labs	How Often	Goals
A1C	2-4 times a year	Less than 7%*
Blood Pressure	Once a year	Less than 140/80 mm Hg*
Cholesterol	Once a year	LDL less than 100 mg/dL*
		HDL greater than 40 mg/dL (men) HDL greater than 50 mg/dL (women)
		Triglycerides less than 150 mg/dL
Microalbumin	Once a year	Less than 30 µg/mg of creatinine
Exams/Shots	How Often	Goals
Dental Exam	Once a year	
Dilated Eye Exam	Once a year	
Foot Exam	2-4 times a year	
Weight	2-4 times a year	Short-term goal _____
Flu Shot	Once a year	

\*or according to your individual goals recommended by your health care provider.

**This health information is being provided for general educational purposes only. Your health care provider is the single best source of information regarding your health. Please consult your health care provider if you have any questions about your health or treatment.**

City Medical | Madison Heights Office | 30581 Stephenson Hwy | Madison Heights, MI 48071 | (p) 248-589-1770  
 Fax: 248-589-2838 | Southgate Office | 13636 Dix-Toledo | Southgate, MI 48195 | (p) 734-283-2262 | Fax: 734-283-8121

