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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/DCYF_logo_BW.png | **Diabetes Care and Action Plan for** | | | |
| This care and action plan is meant to be a general guide to caring for a child with diabetes. Please take with you to appointments and have the diabetes team fill in the information. It is not meant to replace any guidelines provided by the diabetes care team or Primary Care Provider. If you have questions, please call:  Dr.       at       , (    )     - | | | | |
| **Oral Medication (Pills)** | | | | |
| MEDICATION NAME | | DOSE | | WHEN TO TAKE  (IF OTHER, WRITE IN WHEN TO TAKE) |
|  | |  | | Before meal  After meal  Other |
|  | |  | | Before meal  After meal  Other |
|  | |  | | Before meal  After meal  Other |
| **Other Injections (Not Insulin)** | | | | |
| MEDICATION NAME | | DOSE | | WHEN TO TAKE (IF OTHER, WRITE IN WHEN TO TAKE) |
|  | |  | | Before meal  After meal  Other |
|  | |  | | Before meal  After meal  Other |
| **Insulin Dosing Types** | | | | |
| Please choose the dosing type(s) and the times when insulin should be used.  **Bolus Dosing:** The amount of fast acting insulin needed to lower blood sugar and help the body use the sugar from the carbohydrates (carbs) eaten.  **Basal Insulin:** Long-acting insulin that helps the liver process sugar. | | | | |
| **Bolus Dosing, Correction Dose (sliding scale):** Units of insulin taken to correct for **high blood sugar**.  Set Bolus units with each meal. Name of insulin:  WHEN TO CHECK WHEN TO CHECK BLOOD SUGAR BLOOD SUGAR | | | | |
| Before 0 – 150 =  units  breakfast 151 - 200 =  units  Before lunch 201 - 250 =  units  Afternoon 251 - 300 =  units  snack 301 - 350 =  units  Before dinner 351 - 400 =  units  Bedtime 401 - 450 =  units | | | Before 0 – 150 =  units  breakfast 151 - 200 =  units  Before lunch 201 - 250 =  units  Afternoon 251 - 300 =  units  snack 301 - 350 =  units  Before dinner 351 - 400 =  units  Bedtime 401 - 450 =  units | |

**Remember YOU CAN control diabetes.**

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| **Bolus Dosing, Carb / Insulin Dose:** Number of units of insulin taken for number **of carbs eaten in food**.  Set Bolus  units with each meal. Name of insulin:  WHEN TO CHECK WHEN TO CHECK BLOOD SUGAR BLOOD SUGAR | | | | | | | |
| Before breakfast  Before lunch  Afternoon snack  Before dinner  Bedtime | | Take  units of insulin per   grams of carbohydrate eaten. | | Before breakfast  Before lunch  Afternoon snack  Before dinner  Bedtime | | Take  units of insulin per   grams of carbohydrate eaten. | |
| **Basal Dosing, Long acting insulin**  Name of insulin:   units in the morning  units at bedtime | | | | | | | |
| **Caregiver Management** | | | | | | | |
| * **Observe** blood sugar tests being done in the home (check monitor memory for those done outside the home). * **Observe** or give insulin injections done in the home. * **Keep** all diabetes care supplies available and accessible. * **Correctly use and store** insulin and supplies (refrigerate until opened then may leave at room temperature for 30 days). * **Observe** entries in the meter or enter all blood sugars and insulin doses into a log book. * **Determine the correct amount of insulin** to be given. * **Bring glucometer and logbook** to all medical appointments. * **Call Diabetes Clinic or primary care provider for questions.** | | | | | | | |
| **Child / Teen Self-Management** | | | | | | | |
| * **Talk to caregiver** and be honest about food you will be eating for meals and snacks. * Work with caregiver for blood sugar checks and insulin injections. * **Talk to caregiver** when not feeling well, feeling stressed or depressed, including symptoms you have when your blood sugar is high or low. * **Talk to caregiver** when you intend to exercise so that insulin and/or snacks can be given correctly. * **Work with your caregivers, Diabetes Clinic, or primary care provider** to ensure that you control diabetes and it doesn’t control you. | | | | | | | |
| **Call Diabetes Clinic if:** | | | | | | | |
| * Child had a seizure. * Caregiver has had to give glucagon injection. * Child has moderate to large ketones in urine. * Child had low blood sugar more than three (3) times in one week. * Caregiver or child has questions about care. * If a child loses consciousness, **CALL 911**. | | | | | | | |
| **Sick Days** | | | | | | | |
| * Child should continue taking long acting insulin (Lantus / Levemir). * If child is not eating, may use sugared foods or beverages such as pudding, Jell-O®, regular soda. * Check blood sugars every 2 – 3 hours during the day and at least twice during the night. * Make sure child drinks lots of fluids (about 8 ounces every hour). * NO exercise, child should rest. * For child with Type I, check urine ketones throughout the day (even if child isn’t vomiting). * If child has moderate to large ketones in urine follow same guidelines as for high blood sugar with ketones. | | | | | | | |
| **Emergencies and Snacking Tips: Signs and Symptoms** | | | | | | | |
| **Low Blood Sugar** | | | | | | | |
|  | **Dizzy**  **Disoriented** | | **Sweaty Anxious** | **Hungry** | MC900433821[1].PNG  **Irritable** | |  |
| **Blurry Vision** | | **Headache** | **Sleepy Tired** | MC900433824[1].PNG  **Weak Shaky** | |
| **Low Blood Sugar**  1. Blood sugar is less than 70.  2. Choose one: Drink 8 ounces of non-fat milk, 4 ounces of juice, 4 ounces of regular soda or 4 glucose tablets.  3. Wait 15 minutes and re-test blood sugar.  4. If blood sugar is still over 70, eat your meal or have a small snack (see low-carb snack suggestions on next page). | | | | | | | |
| **High Blood Sugar** | | | | | | | |
|  | **Thirsty** | | **Frequent Urination** | **Hungry** | MC900433821[1].PNG  **Irritable** | |  |
| **Blurry Vision** | | **Dry Skin** | **Sleepy Tired** | MC900433824[1].PNG  **Weak Nauseated** | |
| **High Blood Sugar**  1. Blood sugar is greater than  for tests in a row (test urine for ketones).  2. If ketones are trace or small, drink extra sugar free fluids (water is best).  3. If ketones are moderate or large, drink extra sugar free fluids (water is best) and call Diabetes Clinic or Primary Care Provider.  4. If ill with fever and/or vomiting, call Diabetes Clink or take to nearest emergency department. | | | | | | | |

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| **Emergencies and Snacking Tips: Snack Ideas** | | | |
| **No-carb snacks** | **Protein** | **Veggies** | **Other** |
| String cheese  Cottage Cheese  Hard-boiled eggs  Turkey sticks  Pepperoni sticks  Deli meats | Cherry or plum tomatoes  Celery sticks  Cucumber slices  Carrots  Peppers  Broccoli  Cauliflower  Dill pickles | 2 TBS. sunflower or pumpkin seeds (pepitas)  Diet soda  Water  Sugar-free popsicles  Sugar-free Jell-O®  Crystal Light®  Sugar-free Kool-Aid® |
| **Low-carb snacks**  **(15 – 30 grams)**  **(approximately amounts; to be sure of carbs read product label)** | **Salty** | **Sweet** | **Other** |
| 12 – 15 potato chips  10 rice crackers  5 soda crackers  3 cups Microwave popcorn  30 – 40 Goldfish®  8 – 10 Mini-Ritz® sandwich  5 Ritz crackers®  10 Doritos® | 3 – 5 animal crackers  2 graham crackers  2 vanilla wafer cookies  Granola bar  Small fruit (apple, orange)  ½ banana  Low-sugar fruit cup  15 Teddy Grahams®  2 Oreos®  Rice Krispie square® | 2 TBS. peanut butter  8 ounces milk  4 ounces yogurt  1 slice of bread  ½ turkey sandwich  ½ peanut butter sandwich  ½ cup nuts  ¼ cup trail mix  1 cup of plain Cheerios® with ½ cup milk  1 Gogurt® |
| **Things to remember** | * Portion size matters (when in doubt measure) * Remember to count your snack carbs, too. * Eating while watching TV, playing video games, or driving can result in eating more than intended. * Always have healthy snack options available. * Always carry emergency snacks. * Don’t shop while hungry. | | |