

Diabetes Personal Action Plan

I Can Take Charge

You are in charge of managing your diabetes — and Intermountain Homecare & Hospice is here to help you. Below are tools to help you develop your own action plan and keep track of your progress at home.



My Personal Plan

Check the boxes of the things you would like to work on to manage your diabetes.

- Taking my **medication** as ordered by my doctor
- Exercising and staying **active**
- Monitoring my **weight** and **blood pressure**
- Following a healthy **eating plan**
- Taking care of my **feet and skin** every day
- Monitoring my **blood glucose** with a blood glucose meter — and taking action when needed
- Watching for **symptoms** — and knowing when to contact my healthcare providers
- Seeing my doctor** regularly

MEDICATION — *(See page 52 in Living Well: Diabetes Care Handbook)*
Check the medications you take — Medications names are listed as generic name (Brand name)

<p><input type="checkbox"/> Oral diabetes medications</p> <p>Some of these include: metformin, (Glucophage), (Januvia)</p> <p>Oral medications don't contain insulin. They help your cells take in more glucose from your blood stream.</p>	<p>I take: _____</p> <p>I will remember to take this medicine by: _____</p>
<p><input type="checkbox"/> Insulin — rapid acting</p> <p>Including: aspart (NovoLog), glulisine (Apidra), lispro (Humalog)</p> <p>Onset 10 to 20 minutes, Duration 3 to 5 hours</p>	<p>I take: _____</p> <p>I will remember to take this medicine by: _____</p>
<p><input type="checkbox"/> Insulin — short acting, regular</p> <p>Including: regular R, (Novolin R), (Humulin R)</p> <p>Onset 30 to 60 minutes, Duration 4 to 8 hours</p>	<p>I take: _____</p> <p>I will remember to take this medicine by: _____</p>
<p><input type="checkbox"/> Insulin — intermediate acting</p> <p>Including: NPH, (Novolin N), (Humulin N)</p> <p>Onset 1 to 3 hours, Duration 10 to 18 hours</p>	<p>I take: _____</p> <p>I will remember to take this medicine by: _____</p>

MEDICATION — (continued)

Insulin — peakless

Onset 2 to 3 hours. Duration 24 or more hours

Including: glargine (Lantus), detemir (Levemir)

I take: _____

I will remember to take this medicine by:

Insulin mixes

Including: (Novolog mix 70/30), (Humalog mix 75/25),
(Humalog mix 50/50)

Taken twice a day

I take: _____

I will remember to take this medicine by:

Possible side effects from any form of insulin

- Redness at the site
- Shaking
- Cold sweats
- Headache
- Hunger
- Muscle cramps
- Increased urination
- Confusion
- Fainting
- Tingling in hands or feet
- Shaking
- Cold sweats
- Rapid breathing
- Shortness of breath

ACTIVITY (See pages 69 to 75 of *Living Well: A Diabetes Care Handbook*.)

To increase activity, I will:

	Week 1	Week 2	Week 3	Week 4
Walk _____ minutes _____ times in my neighborhood or at a mall				
Go to an exercise class at a gym or senior center				
Do light housekeeping or yard work				
Have a physical therapy evaluation if needed				
Take a brisk walk				
Do strength training exercises — with light weights or without weights				
Swim or do water exercise _____ minutes _____ days a week				
Other:				

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

WEIGHT AND BLOOD PRESSURE (See pages 79 to 81 of *Living Well: A Diabetes Care Handbook*.)

To keep track of my weight and blood pressure, I will:

	Week 1	Week 2	Week 3	Week 4
Current weight				
Target weight				
Weigh myself every day				
Track my blood pressure at least once a week				

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

EATING PLAN (See page 60 of *Living Well: A Diabetes Care Handbook*)

Week 1 Week 2 Week 3 Week 4

I will drink 6 to 8 glasses of water a day**To eat more whole grains, I will:**

Week 1 Week 2 Week 3 Week 4

Make sure at least half my grains are whole grains

Choose breads and tortillas made from whole wheat or corn — not white flour

Switch to brown rice

At breakfast eat oatmeal or cold cereals with a whole grain listed as the first ingredient on the label

To eat more fruits and vegetables, I will:

Week 1 Week 2 Week 3 Week 4

Fill half my plate with vegetables and fruits

Snack on vegetables and fruits, not chips and candy

Buy pre-washed, pre-cut vegetables for quicker meals and snacks

Eat more dark green and leafy vegetables, such as:
spinach, kale, and broccoliEat more bright yellow, orange, and other colorful vegetables, such as:
sweet potatoes, carrots, squash, sweet red peppers, dried apricotsEat more foods with vitamin C, such as:
citrus fruits, peppers, tomatoes, strawberries, cantaloupe

Watch out for syrup or other added sugars in canned and frozen fruit

Choose whole fruits more often than juices

To limit alcohol and added sodium, sugar, and fat, I will:

Week 1 Week 2 Week 3 Week 4

Avoid alcohol, or limit to 1 drink a day (women), or 2 drinks a day (men)

Take the salt shaker off the kitchen table

Try other seasonings instead of salt, such as:
lemon juice, vinegars, onion or garlic powder, or herbs

Avoid foods and drinks with added sugar (such as soda)

Choose low fat or fat-free milk, cheese, and yogurt

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

BLOOD GLUCOSE (See pages 39 to 48 of *Living Well: A Diabetes Care Handbook*.)**To monitor my blood glucose, I will:**

Week 1 Week 2 Week 3 Week 4

My blood glucose goal is _____

Check my blood glucose _____ times a day

Take my medication as prescribed if my blood sugar is higher than _____

Eat or drink something sugary (15 grams of carbohydrate) if my blood glucose
is lower than _____

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

CARE FOR FEET AND SKIN (See pages 82 to 85 of Living Well: A Diabetes Care Handbook.)

To care for my feet and skin, I will:

Week 1 Week 2 Week 3 Week 4

Wash and inspect my feet every day				
Avoid extreme temperatures				
Prevent and treat dry skin				
Not use sharp tools or harsh chemicals on my feet				
Keep my toenails trimmed				
Consider seeing a podiatrist				
Be "shoe and sock smart"				

*Possible problems for meeting my goal are: _____

*Things that will help me meet my goal are: _____

WATCH FOR SYMPTOMS (See pages 79 to 81 of Living Well: A Diabetes Care Handbook.)

I will call my healthcare provider when:

Week 1 Week 2 Week 3 Week 4

• I have had a fever for a couple of days and am not getting better				
• I have had vomiting and diarrhea for more than 6 hours				
• I have extreme hunger or thirst				
• I have fasting blood glucose level of 240 mg/dL or higher for more than 24 hours				
• I have moderate to large amounts of ketones in my urine <i>(When I have large amounts of ketones in my urine, I will seek emergency care)</i>				
• I have stomach pain				
• My body aches				
• I feel light-headed or dizzy				
• I feel myself fading in and out of alertness				

My next doctor appointment is: _____

Take this action plan with you to your appointment with your healthcare provider.

