

DIABETES

Patient Action Plan

Update and discuss annually with your physician.

Patient Name: _____

Date: _____

Physician: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Diabetes Medications

Name	How Much to Take	When to Take

Monitoring

Monitor your blood glucose _____ times/day.

If your blood glucose is above _____ or below _____, call your physician.

If you experience any of the symptoms below, your blood glucose may be low. Check your blood sugar.

- Shaking
- Fast Heartbeat
- Sweating
- Anxiousness
- Dizziness
- Hunger
- Headache
- Irritability
- Impaired Vision
- Weakness
- Fatigue

If your blood glucose is lower than 70 mg/dL*:

- Eat something with glucose in it (hard candy, sugar-sweetened soda, orange juice, or glass of milk).
- Have a snack (eg, 1/2 a sandwich) if the next meal is more than 30 minutes away.
- _____
- _____

If you experience any of the symptoms below, your blood glucose may be high. Check your blood sugar.

- Extreme Thirst
- Frequent Urination
- Hunger
- Dry Skin
- Blurred Vision
- Drowsiness
- Nausea

If your blood glucose is higher than 240 mg/dL*:

- Check your urine for ketones; if positive: _____
- Medications: _____
- Diet: _____
- Exercise: _____

*Values consistent with American Diabetes Association recommendations. Specific values should be established for each patient.

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