Diabetes ID Sheet
Basal/Bolus Insulin Therapy

Name ______________________________________ Age _________ Grade _________

I have diabetes and my pancreas does not make insulin. Without insulin, the food (carbohydrates) that I eat cannot be used for energy. To manage my diabetes, I require injections of insulin. Several times a day I must check my blood glucose level. It is important that you understand some facts about diabetes while I am in your care. Please review this and keep it as a reference.

MEALS AND SNACKS
My blood glucose is affected by the food (carbohydrates) that I eat. I have no dietary restrictions, but I need an insulin injection when I eat food that contains carbohydrates.

ACTIVITY
My blood glucose is also affected by activity. I may need an extra snack (carbohydrates) before, during, or after a strenuous activity. In this case, I do not need to take insulin.

LOW BLOOD GLUCOSE
Occasionally, my blood glucose may become too low. This is most likely to occur just before lunch, after strenuous activity, if my meal/snack is delayed, or if I don't eat enough food (carbohydrates).

If my blood glucose becomes too low, I may have the following signs/symptoms:

- Hunger
- Irritability
- Behavior Change
- Headache
- Shakiness
- Sweat
- Lack of concentration
- Drowsiness
- Paleness
- Weakness
- Confusion
- Poor coordination

• If this happens I NEED A FAST-ACTING CARBOHYDRATE
  – You can give me ____________________________________________________________
  – You will find this __________________________________________________________________
  • Recheck blood glucose in 15 minutes
  • Repeat carbohydrates if symptoms persist or blood glucose is less than ________ md/dL

If my blood glucose drops to a severe low, I may become unconscious or have a seizure.

• DO NOT attempt to give me anything by mouth
• Call 911
• Position me on my side if possible
• Contact my parent(s)/guardian
• Administer glucagon (if available) by trained personnel
• Stay with me

EMERGENCY NUMBERS:
Mother: ___________________________ Home phone _______________ Work phone _____________ Cell phone ______________

Father: ___________________________ Home phone _______________ Work phone _____________ Cell phone ______________

Other: ___________________________ Home phone _______________ Work phone _____________ Cell phone ______________

NATIONWIDE CHILDREN’S
When your child needs a hospital, everything matters."