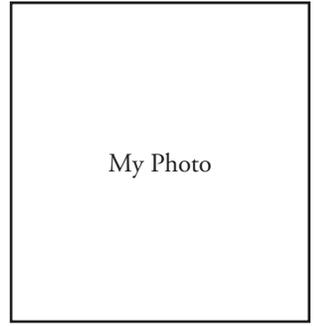


# Diabetes ID Sheet

## 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:

- |                                    |                                       |  |  |
|------------------------------------|---------------------------------------|--|--|
| <input type="checkbox"/> Hunger    | <input type="checkbox"/> Irritability | <input type="checkbox"/> Behavior Change       | <input type="checkbox"/> Headache          |
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Sweat        | <input type="checkbox"/> Lack of concentration | <input type="checkbox"/> Drowsiness        |
| <input type="checkbox"/> Paleness  | <input type="checkbox"/> Weakness     | <input type="checkbox"/> Confusion             | <input type="checkbox"/> 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.**

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

### EMERGENCY NUMBERS:

Mother: \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Father: \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Other: \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_



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