# **Diabetes ID Sheet**

diabetes while I am in your care. Please review this and keep it as a reference.

## Insulin Pump Therapy

| insum rump riciapy                                                                                          |          |
|-------------------------------------------------------------------------------------------------------------|----------|
| Name Age Grade                                                                                              | My Photo |
| 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 insulin that is given by my pump. Several |          |
| times a day I must check my blood glucose level. It is important that you understand some facts about       |          |

#### **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 bolus 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).

| Fmy blood glucose become  ☐ Hunger      | ☐ Irritability             | ☐ Behavior Change            | ☐ Headache          |
|-----------------------------------------|----------------------------|------------------------------|---------------------|
| ☐ Shakiness                             | ☐ Sweat                    | ☐ Lack of concentration      | ☐ Drowsiness        |
| ☐ Paleness                              | ☐ Weakness                 | ☐ Confusion                  | ☐ Poor coordination |
| f this happens <b>I NEED A</b>          | FAST-ACTING CARBO          | HYDRATE                      |                     |
| • You can give me                       |                            |                              |                     |
| • You will find this                    |                            |                              |                     |
| <ul> <li>Recheck blood gluco</li> </ul> | se in 15 minutes           |                              |                     |
| D . 1 1 1 .                             | if symptoms parsist or blo | ood glucose is less than md/ | dī                  |

- 3. Administer glucagon (if available) by trained personnel
- 5. Contact my parent/guardian

- 4. Position me on my side
- 6. Stay with me

#### **EMERGENCY NUMBERS:**

| Mother: | Home phone | _Work phone | Cell phone |
|---------|------------|-------------|------------|
| Father: | Home phone | Work phone  | Cell phone |
| Other:  | Home phone |             | Cell phone |

