Memorial Health

Taking Charge of Your Diabetes

Memorial Wellness Center has an accredited Diabetes Self-Management Education (DSME) program.

Our program follows certain standards for quality and these services are often reimbursed by insurance. It can be helpful to see a diabetes care and education specialist when you are newly diagnosed with diabetes, need help with improved management, have a change in treatment or other living situations or different caregivers.

If you are interested in receiving these services, please ask your doctor for a referral or call us and we will be happy to assist.

217–788–3948

My Diabetes Healthcare Team

NAME	PHONE NUMBER / EMAIL

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This booklet provides you with general information to help you understand and better manage your diabetes. The more you learn about diabetes, the more you can be prepared to help yourself if problems arise. If you have questions about your diabetes management, always contact your healthcare team: doctor, nurse, dietitian, pharmacist or diabetes care and education specialist.

What is Diabetes?

Diabetes affects the way the body uses food for energy and causes sugar (glucose) levels in the blood to be too high. Normally, insulin helps sugar leave the blood and enter our body to be used for energy. In type 1 diabetes, the body makes little or no insulin. In type 2 diabetes, the body may continue to make insulin, but it can't use its own insulin as well as it should. No matter which type of diabetes you have, the key to better health is to manage your blood sugar.

Diabetes is a life-long disease that may lead to other health problems. High blood sugar levels can cause damage to the heart, blood vessels, eyes, kidneys, nerves, feet and other issues. Medical research has shown that keeping blood sugar levels near normal helps lower the risk of these complications.

Two Types of Problems in Diabetes

1 Not enough insulin

Glucose Not Enough Insulin

Not enough insulin, glucose can't get into the cells to be used for energy.

2 Insulin not working properly

Insulin Glucose Resistant Cells

Insulin isn't used well, glucose can't get into the cells to be used for energy.

How is Diabetes Diagnosed?

Your doctor may order a fasting blood sugar, a glucose tolerance test and/or an A1C.

Fasting Plasma Glucose (FPG)

A preferred method

- You need to fast overnight.
- This test measures the blood glucose level at the time the blood is drawn.
  - Blood is drawn from the vein.
  - Diagnostic tests need to be done in a lab, not on a meter.
  - Normal: below 100 mg/dL prediabetes: 100–125 mg/dL diabetes: above 126 mg/dL

A1C

A preferred method

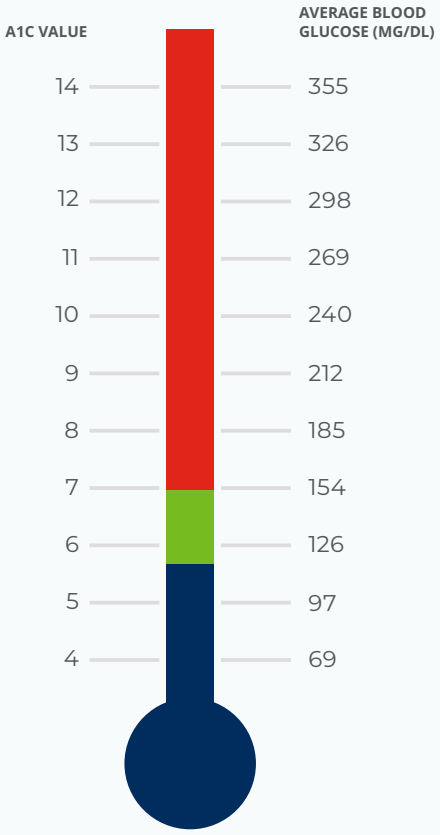
- This test measures average glucose level over 2–3 months.
- Can be done at any time of day; you do not need to fast.

Oral Glucose Tolerance Test (OGTT)

- You need to fast overnight.
- At the lab you will drink a solution of 75 grams of glucose dissolved in water.
- Blood is drawn two hours after the glucose solution has been consumed.

Symptoms of High Blood Sugar and an Elevated Casual (Glucose taken at any part of the day) Plasma Glucose (above 200 mg/dL)

May follow up with an FPG or A1C.



What's my A1C?

Your A1C is your average blood glucose level for the last three months.

Why do I need it?

This number helps you know how well your glucose is controlled over time.

How often should it be checked?

If above normal, your A1C should be checked every three to six months.

A1C Checkpoint:

- May need adjustment to diabetes treatment plan. Discuss with your physician and/or healthcare provider.
- Recommended diabetes target range
- Non-diabetes range or possibly well-controlled diabetes range

My Goals

My hemoglobin A1C currently is:

My A1C goal is:

Diagnosis Levels:

Normal Glucose:
less than 5.7

Prediabetes:
5.7–6.4

Diabetes:
6.5 or greater

Goal for most people with diabetes:
7.0 or lower

Tools to Control Blood Sugar

The choices you make every day affect your blood sugar.

- Make healthy food choices.
- Enjoy regular physical activity.
- Monitor blood sugar levels.
- Know the symptoms of high and low blood sugar and what to do.
- Take medications as directed.
- Manage stress.
- Work closely with your healthcare team (doctor, dietitian, nurse, diabetes care and education specialist).

Nutrition Label

Being aware of the nutrients in food choices can help you to make healthy and informed decisions.

When managing diabetes focus on serving size and total carbohydrates, which will help to regulate your blood glucose levels.

Serving size

A serving is what the average person consumes and is not a recommendation. Make sure to notice the serving size and servings per container. Compare what you eat to the serving size.

Carbohydrate range for meals

45–60 grams

60–75 grams

**Remember that total carbohydrates includes sugars, added sugars and fiber.*

Nutrition Facts

4 servings per container

Serving size 1 1/2 cup (208g)

Amount per serving

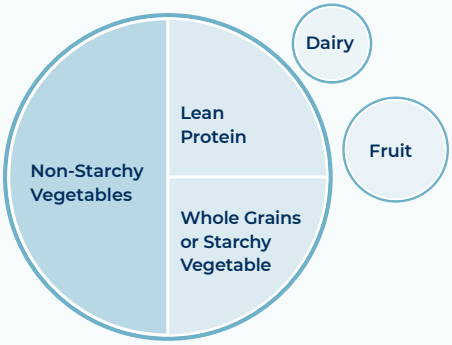
Calories 240

	% Daily Value*
Total Fat 4g	**5%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 5mg	**2%**
Sodium 430mg	**19%**
Total Carbohydrate 46g	**17%**
Dietary Fiber 7g	**25%**
Total Sugars 4g	
Includes 2g Added Sugars	**4%**
Protein 11g	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%

* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Using the Plate Method for Meal Planning

One of the best ways to manage diabetes is to develop a plan for healthier eating and, if necessary, weight loss. Here are some tips to consider as you reexamine your food choices.



Some people learn to use carb counting, ask your dietitian or diabetes care and education specialist about your specific needs.

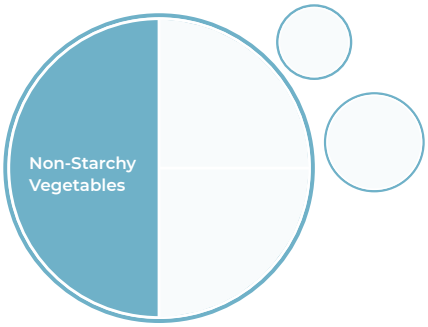
General Carbohydrate Guidelines

- Women 45–60 grams/meal
- Men 60–75 grams/meal
- 10–20 grams/snack

Try to keep your meals at least four hours apart. Make sure to include snacks in-between if you need to.

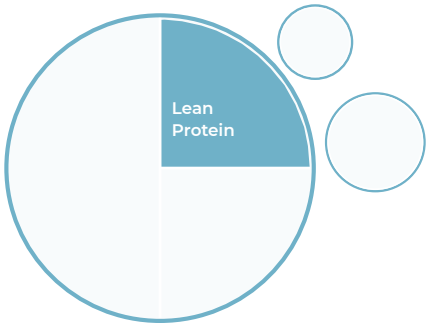
Non-Starchy Vegetables

- Fresh or frozen vegetables should take up half of your plate at a meal or they make a great low-calorie snack.
- Choose fresh or frozen vegetables that have no added sauce, fat or salt whenever possible.
- Aim for a variety of colors and types of vegetables.
- You should include 1–2 cups of vegetables into lunch and dinner.
  - Serving suggestion:
    ½ cooked carrots
    1 cup lettuce
    ½ cup V8 juice



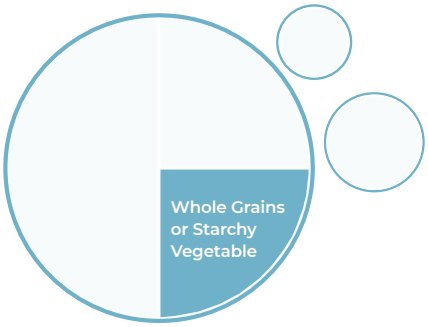
Lean Protein

- These foods should take up no more than ¼ of the space on your plate at a meal.
- Bake, broil, grill or boil meats and meat substitutes instead of frying.
- Choose skinless poultry and fish more often. Select lean cuts of meat and trim off all visible fat.
- Read food labels and choose meats and cheeses with less than 5 grams of fat per serving.
- Serving size:
  - 3–4 oz (deck of cards, palm of hand)



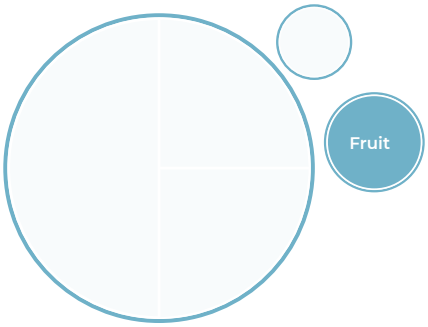
Whole Grains or Starchy Vegetables

- These foods should take up no more than ¼ of the space on your plate at a meal.
- Eat more whole-grain foods. For example 100% whole wheat bread. Choose higher fiber starchy foods whenever possible.
- Serving size:
  - ½–1 cup per meal
  - 1–2 slices of bread



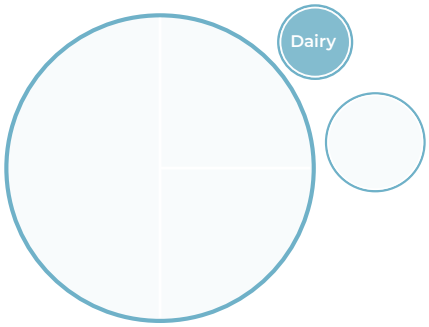
Fruit

- Add fruit with your meal or as a healthy snack between meals.
- Fresh & frozen fruit have more fiber than juice.
- When choosing canned or juice options, look for unsweetened varieties or 100% juice products.
- Serving size:
  - Small piece of fresh fruit
  - ½ cup of frozen or canned fruit



Dairy

- Choose fat-free or low-fat milk and yogurt.
- Dairy foods are an optional item to have with your meal or can be used as a healthy snack between meals.
- Serving size:
  - 6 oz light yogurt
  - 8 oz low-fat milk



Exercise and Diabetes

Exercise is very helpful for people with diabetes. Exercise and physical activity lowers blood sugar. When you exercise on a regular basis, your cells become more sensitive to insulin so it can work more efficiently and remove glucose from the blood. Exercise can also improve your A1C, cholesterol and blood pressure. Exercise also strengthens your heart and helps reduce stress.

Talk with your healthcare team about the best kind of exercise for you.

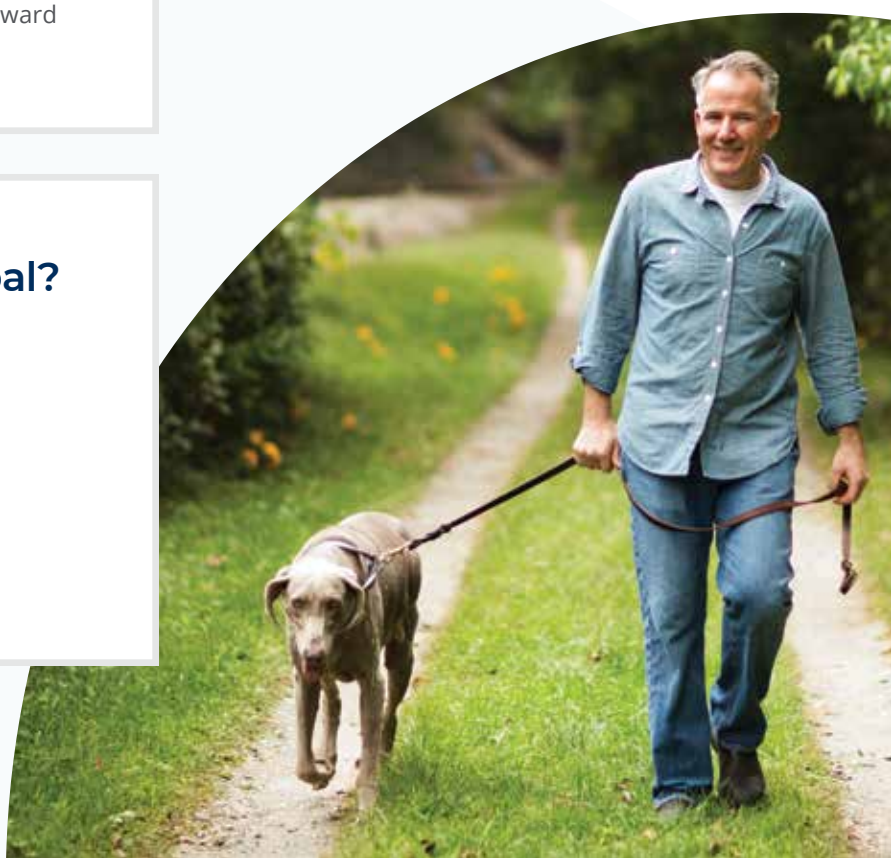
Here are some easy ways to be active every day:

- Take the stairs
- Park farther away
- Walk the mall
- Go to the gym
- Use weights
- Use resistance bands
- Dance
- Yoga
- Garden
- Mow the lawn
- Walk a dog
- Vacuum

Overall Exercise Goal

- Most days (5–7 days per week)
- Goal 30 minutes per day
- If you need to, start out small with 5–10 minutes per day and gradually work toward 30 minutes.

What is my exercise goal?



Testing Your Blood Sugar at Home

How often you test your blood sugar will depend on your diabetes control and when you take your medicine. Check with your healthcare team about when to test your blood sugar at home. Blood sugar testing is usually done just prior to eating and 2 hours after starting a meal.

There are many different blood glucose meters available. An instruction booklet with a toll-free telephone number for questions will come with your machine. Ask your healthcare provider for help if you have any questions about testing.

A drop of blood from your finger can be used to test your blood sugar level. To do this:

1. Wash your hands with soap and warm water.
2. Follow the directions on your lancet device and make a puncture on the side of your finger. Choose a different finger every time you check.
3. Gently squeeze the finger to get a drop of blood.
4. Apply the drop of blood following the instructions that came with your blood glucose meter.

Keep a record of your test results so you and your doctor can better discuss the treatment and control of your diabetes. Use a diary or any small notebook to record your blood sugar results. Take these records with you when you see your doctor and diabetes educator. There is a sample diary in the back of this booklet.

My blood sugar goal is _____ mg/dL.

Call your doctor if blood sugar results **are less than 70 mg/dL or greater than 250 mg/dL** (or the numbers set by your doctor) more than two times.

According to the American Diabetes Association, the goal is to keep blood sugar levels between 70–130 mg/dL before meals and less than 180 mg/dL two hours after meals.

These guidelines apply to most people with diabetes but not everyone. Ask your doctor what range is best for you.

Once you set a goal with your doctor, remember that all your blood sugar readings may not be in this range. The goal is to keep your levels in range most of the time.

High Blood Sugar

(Hyperglycemia)

What Causes High Blood Sugar

- Too much food
- Too little insulin or diabetes medication
- Illness and stress
- Not enough exercise

What You Can Do

1. Test your blood sugar.
2. Call your doctor if your blood sugar stays above 250 mg/dL (or the number set by your doctor) for several tests.
3. Stay hydrated. Drinking water can help your body flush out high blood sugar.

How to Prevent High Blood Sugar

- Check your blood sugar regularly and keep records.
- Follow your meal plan and do not overeat.
- Take your medication at the correct time.
- Exercise regularly.
- Take steps to deal with any personal, family or business problems that have you upset or worried.
- See your doctor if you are ill or have an infection.

Symptoms of High Blood Sugar


Extreme Thirst


Frequent Urination


Dry Skin


Hunger


Blurred Vision


Drowsiness


Nausea

Low Blood Sugar

(Hypoglycemia)

Blood sugar levels below 70 mg/dL (or the level set by your doctor) may cause the symptoms listed to the right. Low blood sugar can occur quickly. Someone else may need to help you treat it if you are unable to treat yourself. Be sure those close to you (family, friends and co-workers) know the symptoms and how to treat you. Some people taking medications called beta blockers may not have these symptoms when their blood sugar drops. You should always wear a form of identification (medical alert bracelet or necklace) or carry a diabetes wallet card.

What Causes Low Blood Sugar

- Too little food
- Too much insulin or diabetes medication
- Extra exercise

What You Can Do

1. If you can, test your blood sugar to see if it is low.
2. Eat or drink some form of fast-acting sugar right away, such as: ½ cup regular soda (not sugar-free); ½ cup juice; 1 tbsp regular jelly, syrup or honey; 3–4 glucose tablets; or 1 packet of glucose gel. If 55 mg/dL or less double the amount of simple sugar used for treatment.
3. Retest your blood sugar after 15 minutes. If it still less than 70 mg/dL, repeat Step 2, and call your doctor.
4. If it is within an hour of mealtime, go ahead and eat your meal. If it is more than an hour before mealtime, eat a light snack (half a peanut butter or meat sandwich, or cheese and crackers and a half cup of low-fat milk).
5. Do not count the simple sugars used to raise low blood sugar in your meal plan.

How to Prevent Low Blood Sugar

- Follow your meal plan and do not skip meals.
- Take your medication at the correct time.
- Check your blood sugar regularly and keep records.

Other Cautions

- Always carry some form of fast-acting sugar with you such as juice box or glucose tablets.
- Contact your doctor if you are having frequent low blood sugar.
- Do not drive or operate heavy machinery with a low blood sugar.

Symptoms of Low Blood Sugar

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

Continuous Glucose Monitoring

You may have heard that there is a way to monitor your blood sugar that doesn't include poking your fingers. Continuous glucose monitoring (CGM) systems automatically monitor glucose levels 24 hours a day. There are various CGM models on the market for different needs.

Your healthcare provider or certified diabetes educator can help you determine which model is best for you. Using this technology, you can see your current glucose level at a glance and review changes over any length of time, from hours to days. You can use this information to adjust lifestyle factors like diet and exercise.

A CGM can provide more detailed information than a typical glucose meter. Every few minutes, it takes an automatic reading of your glucose levels using a tiny sensor. This sensor is adhered to the back of your arm or abdomen. A transmitter on the sensor then sends the information to a small monitor or some you can download an application to use your cellphone. Some devices can also be used to record the number of carbs in the food you eat, dose of insulin or other notes about your activity or stress level in order to determine how these things affect your glucose level trends.

Your doctor may prescribe continuous monitoring if you:

- Are on intensive insulin therapy (at least four injections per day or use an insulin pump)
- Have hypoglycemia unawareness and are unable to treat low blood sugar early
- Have frequent high or low blood glucose

In addition, your doctor may suggest using a CGM system for a short period of time in order to assess adjustments to your care plan. The data from the CGM can be downloaded and reported to your healthcare provider so other adjustments can be made to your diabetes treatment plan if the results are not in your target.

Medications

Medications may be a necessary tool to help control your diabetes along with healthy eating and exercise. Some people can take medications by mouth while others will require injections.

Pills

Medications lower blood sugar by one of the following means:

- Helping the body make more insulin
- Reducing the amount of sugar the body makes
- Helping the body's cells use insulin more effectively
- Slowing the digestion of sugars
- Increasing glucose output in urine

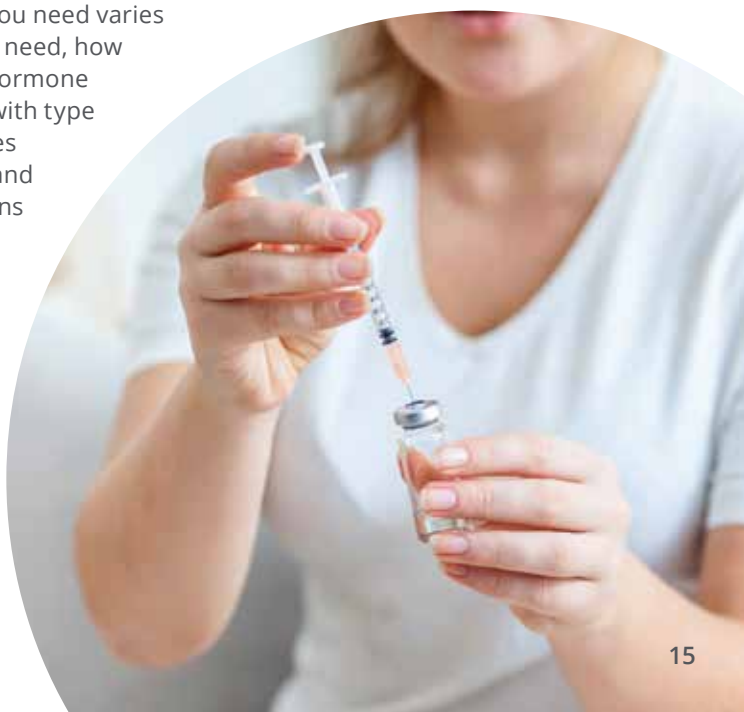
Pills do not work for everyone. Appropriate timing of your pills is very important. Discuss with your healthcare team when to take your medicine. Alcohol and other medications (even over-the-counter medications) can affect the way diabetes pills work. If you are taking diabetes pills, be sure to check with your doctor before you take any other medications.

Injections

Insulin lowers blood sugar by helping move it from the blood into the cells. It can't be taken in a pill form because stomach fluids destroy it before it can be used. Most insulin must be injected under the skin with a syringe or insulin pen. There are several different types of insulin. Some work quickly and others work over a long period of time.

Every person is different, so the type and amount of insulin you need varies from others. Your doctor will tell you what type of insulin you need, how much to use and how often to take it. Insulin is not the only hormone working poorly when someone has diabetes. In fact, people with type 2 diabetes also do not make enough of the family of hormones called incretins. They include gastric inhibitory peptide (GIP) and glucagon-like peptide-1 (GLP–1 receptor agonists). The incretins are released from the gut, or intestines, after eating.

Man-made GLP–1 receptor agonists, commonly referred to as GLP–1, are a class of medications that copy the actions of naturally occurring GLP–1. These drugs replace lost GLP–1 and provide improved benefits. Like insulin, these medications would be destroyed by stomach acid if taken by mouth, so most formulations today must be injected under the skin to work.



Storing Insulin

If insulin is not stored correctly, it may not work right.

- Always keep an extra supply of insulin in the refrigerator.
- Never freeze your insulin or leave in a location where it may reach temperatures greater than 86° or lower than 36° Fahrenheit.
- Keep it out of direct sunlight and away from heat.
- Once opened, insulin can be stored at room temperature generally for one month.
- Read the packaging to find out how long your insulin is good after opening. Do not use after the expiration date on the bottle.
- Do not shake your insulin hard or let it get tossed around.

Disposal Tips for Lancets, Pen Needles and Syringes

Used sharp lancets, test strips and syringes with needles should be disposed of properly.

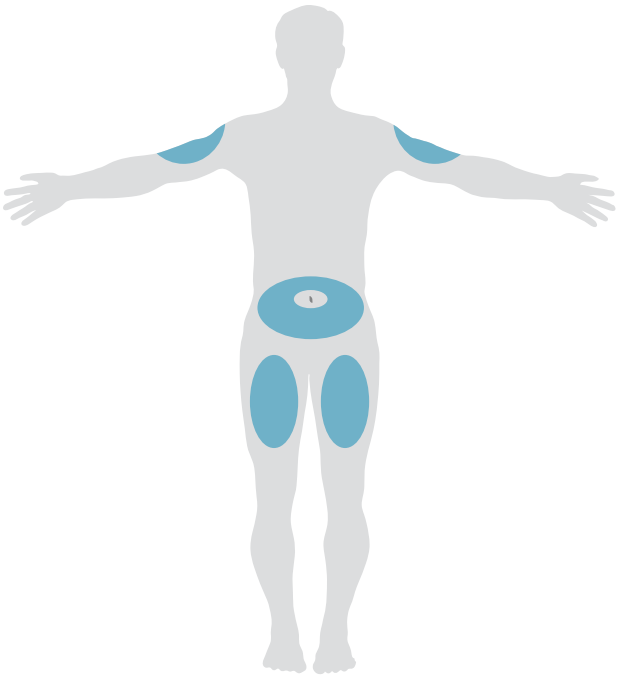
- Place the sharps in a hard plastic or metal container with a secure lid (for example, a laundry detergent bottle).
- Do not use glass or clear plastic containers.
- Mark the container “SHARPS!” and “Do not recycle.”
- When disposing of these containers, make sure the lid is taped securely. Dispose with your other trash.
- Your doctor’s office or home health nurse can assist with sharps disposal questions if needed.

Choosing a Site for Insulin Injection

There are many different areas on the body where you can inject insulin. These areas have enough fatty tissue to absorb the insulin. Where you inject your insulin affects how fast it is absorbed. The abdomen absorbs insulin more quickly than the arms or legs.

Here are helpful tips to remember:

- Keep supplies (syringes, cotton, alcohol, insulin) in a clean, handy place.
- Each time you inject in that area, put the needle into a different spot at least one inch away from your previous shot. Avoid injecting into moles or scars.
- Changing the site of your shot helps your skin, fat and muscle to stay healthy and prevent hard areas from forming under your skin.
- Your nurse or diabetes educator can help you practice until you are comfortable with this new skill.



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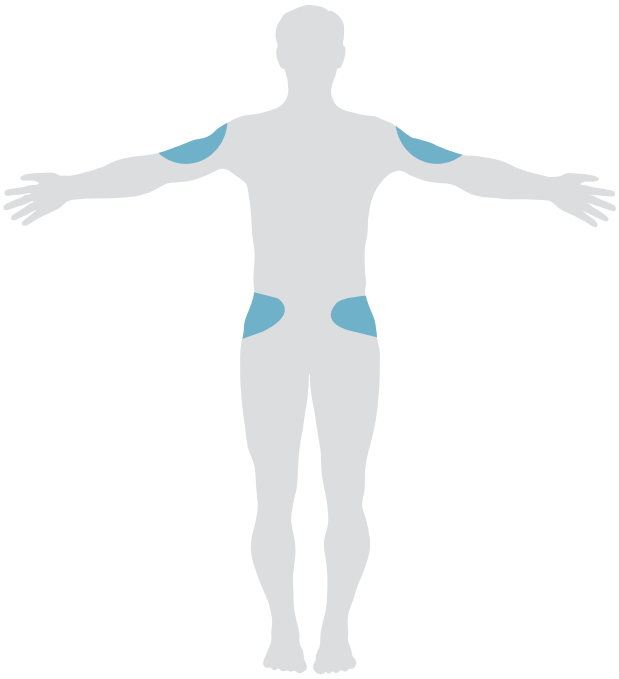

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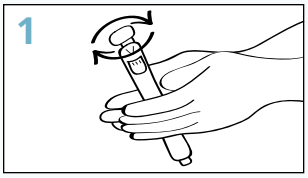
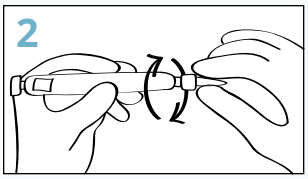
Injecting with an Insulin Pen

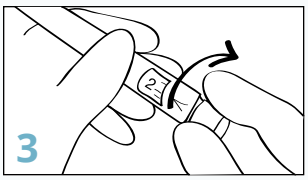
Storage: Store unopened pens in the refrigerator. Opened pens in use can be stored at room temperature per package insert. Do not refrigerate the pen after opening it. If insulin is cold, it may feel more comfortable to roll the pen in your hands a few minute to warm it up.



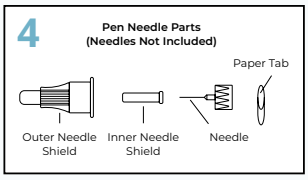
1. Getting ready: Wash your hands. Check to make sure you have the right type of insulin. Check the expiration date on the pen. Some insulins are supposed to be cloudy; these need to be rolled gently to mix properly before injection.



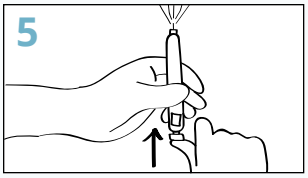
2. Attach the needle: Remove the pen cap, wipe with alcohol swab and attach a new needle. Always use a new needle for each injection. This is often a different prescription than your insulin or other injectable medication as needles come in various lengths, your doctor will prescribe the correct length for your body size.



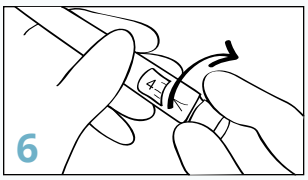
3. Prime the pen: Prime the pen by dialing 2 units. If you do not prime before each injection, you may get too much or too little insulin.



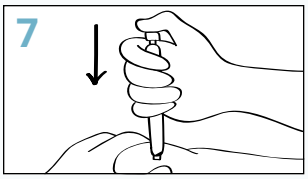
4. Often there are two needle covers or shields. You need to remove both before injecting yourself



5. Remove needle cover: Hold pen upright and press the button to shoot 2 units into the air. This ensures that any air bubbles are removed and that the pen is working.



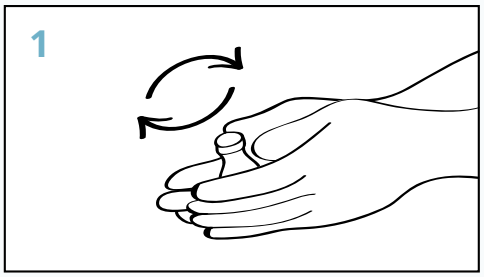
6. Select the dose: Make sure the window shows “0” and then select the dose. Dial the dose of insulin needed. Dial back up or down if you dialed the wrong amount.



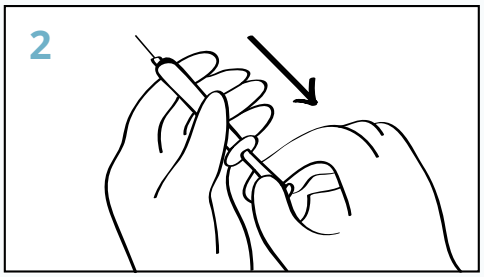
7. Inject the insulin: Before injecting, wipe the injection site with an alcohol swab and let dry. Pinch up the skin using the thumb and forefinger. Insert the needle straight into the skin. Press the button to inject the dose and count to 10 slowly before removing the needle. Safely dispose of the used needle by putting the outer needle cap back on the needle and unscrew (or pull) the needle from the pen. Replace pen cap. Store at room temperature.

Some other injection diabetes medications already come with the needle attached.
Review the information in the packaging with your healthcare provider.

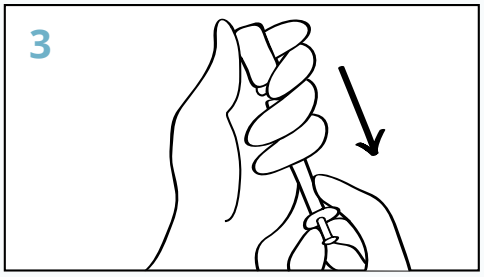
Injections with a Vial and Syringe



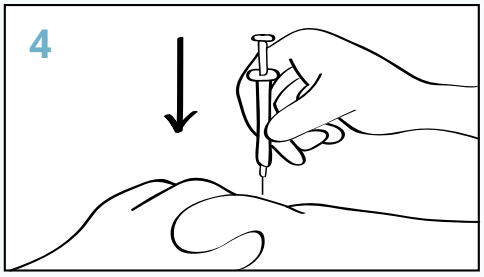
1. Wash your hands. Check insulin label to make sure it is the right insulin. Check expiration date and appearance. For cloudy insulin only, mix the insulin by gently rolling the bottle between your hands. Never shake a bottle of insulin. Wipe the top of the insulin bottle with an alcohol swab.



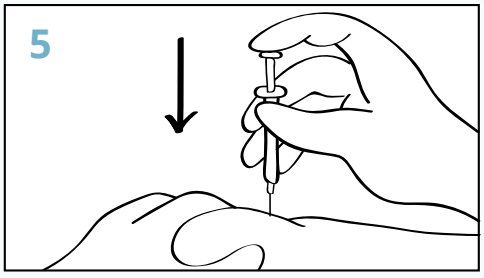
2. Pull the plunger down (filling the syringe with air) to the amount of units needed.



3. Place the insulin bottle on a flat surface. Push the needle into the bottle. Push the plunger in to inject the air into the bottle. Turn the bottle and syringe upside down. Fill syringe by pulling the plunger back to the correct dose of insulin. Remove needle from bottle. If there are air bubbles, push the insulin back into the bottle and pull plunger back to correct dose.



4. Before injecting, wipe the injection site with an alcohol swab and let dry. Pinch up the skin using the thumb and forefinger. Insert the needle straight into your skin.



5. While continuing to hold your skin, slowly depress the plunger, then release the skin and remove the needle. Dispose the needle in an appropriate sharps container.

Talk to your nurse about other diabetes medication injection specifics or how to mix some insulin types.

Emotional Stress, Depression and Diabetes

Stress is a part of everyone's life at some time.

With diabetes, blood sugar can become elevated if stress is not managed well. Learning to cope with life's problems is important. Talk with your doctor and healthcare team about different ways to deal with stress and depression.

Sick Day Management

Illness or infections can cause your blood sugar to increase to dangerous levels. Here are ways to help control blood sugars during sick days. Discuss your specific plan with your healthcare team.

- Test your blood sugar more frequently and call your doctor if your blood sugar is greater than 250 mg/dL (or the number set by your doctor) on more than two occasions.
- Rest as much as you can.
- Try to follow your normal meal plan. If you can't keep food down, drink liquids like fruit juice, soda (not sugar-free), gelatin (not sugar-free) or broth-based soups like chicken noodle. Your body needs carbohydrates to function.
- Drink plenty of fluids (water or other calorie-free liquids). If you feel sick to your stomach, suck on ice chips.
- Talk to your doctor about pneumonia, flu or other vaccines that are appropriate for you.

Call your doctor if:

- You can't stay awake or think clearly.
- You have difficulty breathing.
- You have vomiting or diarrhea for more than six hours.
- You cannot keep food or fluids down.
- You have a fever.
- Your illness lasts more than 24 hours.
- Blood sugars stay elevated after several glucose checks.
- You have questions about taking your medications.
- If your doctor is not available, go to the emergency department or urgent care facility.

Preventing Long-Term Complications

Having diabetes can increase your risk for developing heart disease, stroke, problems with your vision, kidney disease, poor circulation, nerve damage and sexual problems. Here are some ways to prevent or reduce the risk of these problems.

- Enroll in an outpatient DSME program to continue learning about diabetes. (See front cover.)
- Talk with a registered dietitian about meal planning.
- Follow your plan for meals, exercise and medications to improve diabetes control.
- Test and record your blood sugar level.
- Try to keep your blood sugar close to normal.
- Have your blood pressure checked often. If it is high, find out what you can do to lower it and stick with the treatment.
- Have your A1C (glycosylated hemoglobin) measured at least 2–4 times/year. If not at A1C target, have it re-checked every three months. This blood test shows how well your diabetes has been controlled over the last 2–3 months.
- Have your blood and urine tested yearly for signs of kidney damage. Microalbimin is the name of a urine test often ordered yearly to assess kidney function. Learn what you can do to protect your kidneys.
- Have your blood lipids and cholesterol levels checked every year. If they are high, find out what you can do to lower them.
- Check your feet and skin every day for blisters, cracks or sores. Get treatment right away for any problems. Be sure your healthcare provider checks your feet for pulses and sensation at least once a year.
- If you have problems with sexual activity, talk to your doctor.
- If you are pregnant or planning to be, see your doctor right away. Keeping your blood sugar close to normal before and during pregnancy greatly decreases the risk of problems for you and your baby.
- If you smoke, find a program to help you quit smoking.
- Have a complete eye exam every year. Eye damage may not have symptoms in the early, most treatable stages.

Foot Care

Foot care is very important if you have diabetes, but it is especially important if you have lost some of the feeling in your feet from nerve damage (neuropathy), have poor circulation or if you have sores on your feet that do not heal properly.

Suggestions for preventing serious problems with your feet:

1. **Manage your diabetes.** Be sure to keep the following numbers within the normal range: glucose, A1C test results, blood pressure and cholesterol levels. Take your medicines as prescribed; follow your diet, exercise every day and quit smoking. All these actions will help you better manage your diabetes.

2. **Be more active.** Keep the blood flowing to your feet with daily activity like walking, swimming, dancing, etc.

3. **Check your feet every day.** Check for cuts, sores, swelling and blisters. You should also check your toenails for signs of infection. If you can't reach your feet, use a mirror to help you look at the bottom of your feet.

4. **Wash your feet every day.** Use warm, not hot, water when washing your feet. Do not soak your feet for a long time, because this will lead to skin dryness. After washing your feet, be sure to dry them well. Don't forget to dry between your toes!

5. **Keep the skin soft and smooth.** Apply a thin coating of lotion all over your feet, but be sure not to put any lotion between your toes.

6. **Caring for corns and calluses.** First, check with your doctor or foot specialist (podiatrist) about how to care for them. Never cut corns or calluses! Do not use over-the-counter liquid corn and callus removers—they can damage the skin on your feet.

7. **Trim your toenails when needed.** If you can't see well or reach your feet or if your toenails are thick and yellow, have a foot specialist trim your toenails. If you are able to trim your own toenails, be sure to trim straight across and not cut into the corners of the nail.

8. **Never go barefoot.** Always wear socks and comfortable shoes. Socks with shoes help prevent your feet from blistering. Wear shoes that fit well, provide good support and allow the foot to "breathe."

9. **Protect your feet.** Never use hot water bottles or heating pads on your feet. Keep your feet warm, dry and avoid frostbite.

Adapted from "Take Care of Your Feet for a Lifetime" from the National Diabetes Education Program and the U.S. Department of Health and Human Services.

If you develop a problem with your feet, no matter how small, contact your doctor.

Tips if You are Hospitalized

While you are in the hospital, some of your diabetes care may be different than at home.

Diet

You may be given a specific consistent carbohydrate diet for your meals while in the hospital. You will have a special menu to order from. Ask to see a dietitian if you have questions about your meal plan.

Medication

Your provider may stop your oral diabetes medications while you are in the hospital. Instead, you may be given insulin injections based on your blood sugar level. Your healthcare provider will review if you may go back to your previous medications once you go home. If you have had changes to your ability to eat, weight change or ability to do activity, your diabetes medication needs may change from what you took before entering the hospital.

Medical procedures and tests

You may be asked to stop eating several hours before some procedures or tests. Ask your provider how to handle your diabetes medications that day.

Continuous Glucose Monitor (CGM)

If you wear a CGM device, it may need to be removed for X-rays, CT scans or MRI's. If you are hospitalized, the nurses will still check your blood sugar level with a fingerstick even if you continue to wear your CGM.

Insulin pump

Memorial Health has a policy for patients who have an insulin pump. Using your insulin pump while in the hospital will be based on your healthcare situation.

New to Diabetes?

If you want to talk about diabetes self-care once you leave the hospital, please call 217–788–3948 for an outpatient visit with a diabetes care and education specialist or a dietitian.

My Diabetes Medications

Medication name *(use both generic and brand names)*	**How much or strength?**	**How to take?**

My Blood Sugar Record

	Monday	Tuesday	Wednesday
Breakfast result			
Medication taken			
Lunch result			
Medication taken			
Dinner result			
Medication taken			
Bedtime result			
Medication taken			
Other			
Comments *(Food record/ carb gms eaten, exercise, illness, stress)*			

How often?	What is it for?

Thursday	Friday	Saturday	Sunday

Other Resources

Diabetes.org

cdc.gov/diabetes

DiaTribe.org

Heart.org

Facebook.com/MemorialWellnessCenter

visit us at
memorial.health

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