



We provide trusted, compassionate and expert health care to our community members to improve their health, independence and dignity.

Cornerstone VNA is an independent nonprofit organization. Our programs include:

## HOME CARE

Advanced care by an interdisciplinary team for patients with complex medical issues

## HOSPICE CARE

End-of-life care including physical, emotional and spiritual comfort

## PALLIATIVE CARE

Specialized care and symptom management for people with chronic illnesses

## LIFE CARE

Private duty program to help people “age in place”

## COMMUNITY CARE

Community outreach, wellness clinics, educational programs, and caregiver support

To learn more about our health care programs call 800-691-1133 or visit our website, [cornerstonevna.org](http://cornerstonevna.org).

Main Office: 178 Farmington Road, Rochester, NH 03867



## LEARN HOW TO MANAGE YOUR CONDITION

**Disease Process and Risk Factors**

**The Role of Medication, Diet, and Exercise**

**Steps YOU Can Take to Improve Your Health**

# 603-332-1133

## Diabetes Can be Managed

This booklet was put together to help you understand your role (“self-care”) in keeping your diabetes under control. It is intended primarily for adults with Type 2 Diabetes.

Diabetes is not always preventable or curable but it is manageable.

### **Self-care includes:**

1. Personal Action Plan: monitoring yourself for uncontrolled symptoms and taking action right away when they occur (***see Action Plan, page 24***)
2. Understanding your disease
3. Monitoring your blood glucose levels
4. Setting personal goals to manage your disease
5. Proper use of medications: *pills and injections*
6. Importance of managing other diseases
7. Symptom management
8. Following a proper diet
9. Exercising and staying active
10. Recommended / Routine Testing
11. Seeing your doctor regularly

It is important to recognize and understand when your diabetes is not controlled. It is also important that you understand these symptoms and what actions to take.

Symptoms I have had are:

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## Resources and References

My Primary Care Physician Is

Name

Phone #

My Diabetes Doctor Is

Name

Phone #

My Pharmacy Is

Name

Phone #

My Visiting Nurse Is

Name

Phone #

My CDE Is

Name

Phone #

### **For More Information**

<b><u>American Diabetes Association</u></b>	<a href="http://www.diabetes.org">www.diabetes.org</a> 1-800-DIABETES (342-2393)
<b><u>Joslin Diabetes Center</u></b>	<a href="http://www.joslin.org">www.joslin.org</a>
<b><u>American Dietetic Association</u></b>	<a href="http://www.diet.com/g/american-dietetic-association">www.diet.com/g/american-dietetic-association</a>
<b><u>Diabetes Self Management</u></b>	<a href="http://www.diabetesselfmanagement.com">www.diabetesselfmanagement.com</a>
<b><u>American Association of Diabetes Educators</u></b>	<a href="http://www.diabetesnet.com">www.diabetesnet.com</a> 1-800-388-DMED
<b><u>Calorie King</u></b>	<a href="http://www.calorieking.com/us/en">www.calorieking.com/us/en</a> (also available as a pocket guide)

## Action Plan

### Your Action Plan:

Use this guide to help you report changes in your symptoms to your doctor or home care provider.

**Reporting symptoms early may keep you out of the hospital.**



#### You are doing WELL when:

- Your blood sugar is within MD recommended range \_\_\_\_\_
- When you check your feet daily
- When you take your medications as prescribed
- You can do your normal activities and feel well
- You have no changes in your symptoms

#### Call CORNERSTONE VNA at 603-332-1133

#### \*\*In the next 24 hours when:

- When your blood sugar goes up to \_\_\_\_\_ or down to \_\_\_\_\_
- Your blood sugar is greater than \_\_\_\_\_ for 24 hours
- You have side effects from your medicines
- You find a red or open area on your feet

#### Call 911 RIGHT AWAY when:

- Your blood sugar is over **400**
- Your blood sugar is below 60 after treatment for low blood sugar
- You feel ill
- You have nausea, vomiting or diarrhea lasting for more than 6 hours

## What is Diabetes?

- Diabetes is a disease that affects how your body makes and uses fuel.
- **Glucose**, a type of sugar, is the primary fuel for the body's cells (small units that make up all the parts of your body).
- Glucose travels in the bloodstream, moving into the body's cells with the help of **insulin**, a hormone made by the **pancreas**.
- Insulin is a "carrier" that helps move sugar from your bloodstream and into your cells.
- Normally, the body makes just the right amount of insulin to move the right amount of fuel into cells.
- Persons with Diabetes either have too little insulin or are unable to use insulin properly (**Insulin Resistance**)
- In Type 2 Diabetes it is often both. In Type 1 Diabetes the completely stops making insulin.
- The lack (or decreased function) of insulin causes your cells to be starved for fuel **and** for blood sugar levels to rise.
- High blood sugars can damage many parts of your body and cause the symptoms of diabetes.
- Over time, untreated, high sugars can result in the long-term complications associated with diabetes.
- When there is too much sugar in the blood, the body tries to get rid of it. The kidneys make extra urine to "dump" extra sugar, causing the need to urinate more often and feel thirsty.
- The amount of sugar in your blood is also effected by other hormones including Glucagon and Amylin (also made in the pancreas), and Incretins (or gut hormones). Imbalances with Glucagon and Incretins are found with Type 2 Diabetes, where as Amylin is problematic with Type 1 Diabetes.
- Many adults with Type 2 Diabetes have few or no physical symptoms, or the symptoms progress so gradually that they may live with the condition for many years before they know they have it.
  - As a result, when diagnosed with Type 2 Diabetes, they may have already developed some of the long-term complications associated with the disease.

## Risk Factors and Diagnosis

### Risk Factors for Developing Type 2 Diabetes

- 45 years old and older
- Family history of Type 2 Diabetes Mellitus
- Certain Ethnic Backgrounds (i.e. Native American, Black, Hispanic, Pacific Islander)
- Obesity
- Physical Inactivity
- Pre-diabetes
- Gestational Diabetes or baby with birthweight > 9 lbs.
- Women with Polycystic Ovarian Syndrome



### Signs and Symptoms of Diabetes

- Excessive thirst and/or hunger
- Excessive urination
- Fatigue
- Numbness or tingling of feet
- Blurred vision
- Frequent infections
- Slow-healing wounds
- Sexual dysfunction



### Diagnosing Diabetes

	No Diabetes	Pre-Diabetes	Diabetes
Fasting BGLs	70—99	100-125	126 or more
Random BGLs	140 or less	140-199	200 or more

### Target BGLs (always check with your physician for goals)

BGLs	Normal	General	Tight	MY GOAL
Fasting	70—99	80-120	70-110	
Random	140 or less	Below 180	Below 160	

## Personal Goals

### GOAL SETTING

**S**—SPECIFIC

**M**—MEASUREABLE

**A**—ATTAINABLE

**R**—RELEVANT / REALISTIC

**T**—TIMEBOUND (TIMELY)



**SPECIFIC:** What do I want to learn or achieve?

Goal 1

Goal 2

**MEASUREABLE:** How will I know when I have achieved it?

Goal 1

Goal 2

**ATTAINABLE:** Is it within my power to achieve / accomplish it?

Goal 1

Goal 2

**REALISTIC / RELEVANT:** Can I realistically achieve it / is it important?

Goal 1

Goal 2

**TIMEBOUND:** When do I want to accomplish it?

Goal 1

Goal 2

## Personal Goals

### My Personal Plan:

My long term goal is? (Where would you like to see yourself 6 months or a year from now) :

Possible problems in meeting my goal:

Ways I might overcome these problems:

How important is my GOAL:

0 1 2 3 4 5 6 7 8 9 10

Not Confident

Very Confident

Things that would help me meet my goal:

My confidence in being able to meet my GOAL:

0 1 2 3 4 5 6 7 8 9 10

Not Confident

Very Confident

## Diabetic Management & Monitoring

### ADA Standards of Care for Diabetes Monitoring

TEST	FREQUENCY
A1c	Every 3—6 months
Blood Pressure	Every visit
Cholesterol	At least yearly
Dilated Eye Exam	Every year
Urine (microalbumin)	Every year
Foot Inspection	MD yearly; Exam daily
Flu-shot	Every year

### Approaches to Managing Diabetes

- Take medications
- Weight loss or maintain a healthy weight
- Regular physical activity
- Eat a Healthy Diet
- If you smoke, quit
- Monitor blood sugar at home
- Routine diabetic monitoring screening (see above)

Doing all of these things at once may be **overwhelming**...

The key may be to prioritize what is most important for you to work on first, or that you are most interested in trying.



## Diabetic Complications

### Chronic Complications

High blood sugars over many years can lead to serious health problems.

- Heart Disease & Blood Vessel problems: poor circulation, risk for stroke, heart attack, amputation
- Neuropathy (nerve damage)
- Eye Disease / Vision problems
- Kidney Disease
- Risk increases whenever blood sugars are high or with a A1c greater than 7.0
- Decrease risk by managing diabetes with diet, medications, exercise, stop smoking, control blood pressure, lower cholesterol and by managing other diseases as well.

When it comes to managing your diabetes and reducing your risk of complications, it helps to know your **ABC's**

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**A**    **A1c Goal** < 7 (A1c = Average blood sugar over time)

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**B**    **Blood Pressure Goal** < 130/80

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**C**    **Cholesterol Goals**

Total < 200

LDL < 100, HDL **men** > 40, **women** > 50, Triglycerides < 150

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#### Reducing Risks for Complications

- Quit smoking / tobacco
- Diet changes
  - Decrease SALT (SODIUM)
  - Decrease “bad” fats
  - Increase “good” fats
  - Decrease concentrated sugars
  - Limit processed foods
- Regular exercise

#### Reducing Risk of Type Two Diabetes

- Moderate exercise
  - 30+ minutes
  - 5+ times per week
- Moderate diet changes
- Modest weight loss
  - 5-7%
- **Yearly screening for Diabetes and Pre-Diabetes**
- **Metformin therapy, if Pre-Diabetic**

## Personal Goals/Plans

### My Personal Plan:

I would like to work on the following areas to manage my Diabetes:

- |   |  |
|---|--|
| <input type="checkbox"/> Monitoring my symptoms | <input type="checkbox"/> Checking & recording my blood sugar |
| <input type="checkbox"/> Taking my medications  | <input type="checkbox"/> Regular meal times                  |
| <input type="checkbox"/> Regular Exercise       | <input type="checkbox"/> Routine Health checks               |
| <input type="checkbox"/> Eating healthy         | <input type="checkbox"/> Independence with _____             |
| <input type="checkbox"/> Lowering my A1c        | <input type="checkbox"/> Other _____                         |

### Ask yourself the following questions.

What is the hardest thing about living with diabetes?

What concerns me most about my diabetes?

### Change is hard. Make it easier.

- Decide what you want to accomplish
- Think about what may get in the way of reaching your goals
- Consider how you might overcome the obstacles
- Find family, friends who will support and encourage you
- Choose rewards when you have met your goals
- Be realistic.
- Celebrate small victories



## Sick Day Guidelines

- Any illness can increase your blood sugar
- Make a sick day plan with your physician before you get sick**
- Considerations include: what medicines to take, how often to check blood sugar, what to drink or eat, when to call the doctor see below.)
- Prepare a Sick Day Box to Include:**
  - Blood sugar meter supplies, thermometer, both sugar-containing and sugar-free clear fluids, over the counter medications for fever & cough (check with physician)*
- Test your blood sugar more often
- Increase fluids
- Talk to physician about Metformin



### My Sick Day Plan:

I should check my temperature.

I should check my blood sugar every \_\_\_\_\_ hours

I may need to adjust my medications: \_\_\_\_\_

If able, I should drink 8 oz fluids every hour. If my blood sugar is higher than \_\_\_\_\_, I should drink sugar-free liquids. If my blood sugar is below \_\_\_\_\_, I should drink fluids with sugar.

If able follow usual meal plan. If unable, I should eat / drink foods that are easy on the stomach. Food / fluids should equal \_\_\_\_\_ grams of carbohydrate per hour.

Call Provider if (check all that apply):

\_\_\_\_ Blood sugar higher than \_\_\_\_\_ or lower than \_\_\_\_\_ for \_\_\_\_\_ hours.

\_\_\_\_ If my fever is above \_\_\_\_\_ for \_\_\_\_\_ hours.

\_\_\_\_ If I have vomiting and / or diarrhea for more than \_\_\_\_\_ hours.

## Oral Medications/Pills - Non-Insulin

**Medications:** There are a variety of medications currently in use to treat Diabetes. Insulin and Smylin are the only medications approved to treat Type 1. All other medications discussed in the following pages are approved only for use in the treatment of Type 2.

### **Biguanides** - Glucophage - (metformin)

- Prevent liver from secreting excess sugar
- Decreases insulin resistance
- Decreases amount of sugar absorbed in intestines

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### **TZD's** - Actos (pioglitazone), Avandia (rosiglitazone)

- Works at cellular level to decrease insulin resistance. (Increased risk of Heart Failure)
- Takes 7 weeks to obtain maximum benefit

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### **Sulfonylureas** - Amaryl (glimepiride); Glucotrol (glipizide); DiaBeta, Micronase (Glyburide).

- Triggers release of insulin
- Risk for hypoglycemia

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### **Incretin Enhancers** - (*DPP-IV inhibitors*) Januvia (sitagliptin), Onglyza (Saxagliptin), Tradjenta (Linagliptin)

- Triggers pancreas to release insulin
- Decreases sugar released by liver
- Helps glucose into cells

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### **Meglitinides**

- They increase insulin in response to food
- Keep the blood sugar from rising too high after meals

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

## Oral Medications/Pills - Non-Insulin

### Starch Blockers

- They slow down the digestion of carbohydrates
- Decrease the rise in blood sugar after eating

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### Bile Acid Sequestrants

- They lower the blood sugar and cholesterol

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### SGLT2 Inhibitors

- They work in the kidneys to reabsorb sugar
- Causes excess sugar to be passed in the urine

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### Combination Drugs are available:

### Non-Insulin Injectables

### GLP-1 Receptor Agonists (Incretins)

- They increase the duration and effects of natural incretins
- Slow down digestion
- Reduce post meal blood sugar spikes
- Decreases hunger
- Associated with weight loss
- Stimulates release of insulin
- Decreases the amount of sugar released by the liver
- Taken alone they do not cause low blood sugars

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

### Symlin

- Slows digestion
- Decreases hunger
- Decreases the need for insulin

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

## Foot Care and Skin Care

Ordinary foot problems can quickly become serious if you have diabetes. That's why proper foot care is so important.



- After bathing, carefully dry feet, especially between the toes
- Gentle use of pumice stone can help keep calluses under control. NEVER try to cut calluses yourself or use callus removal agents, these are too hard for diabetics
- Use foot powder if your feet perspire
- Always wear non-constricting socks with shoes, wash socks daily and never go barefoot
- Carefully inspect feet daily and report any red or open areas
- Trim toenails straight across and/or file
- Moisturize daily, but do not lotion between toes

**Call your health care provider RIGHT away if you have any numbness or tingling, or any area that is open, cracked or persistently red.**

Diabetes increases the risk of skin infections. Small cuts or breaks in the skin allow germs to enter, causing infection.

Caring for your skin is the best way to prevent infection.



- Keep skin clean & dry; special attention to skin folds where
- Avoid very hot baths or showers
- Use soaps with high fats / oils to help prevent dry skin
- Avoid heavily scented bath products, shampoos, lotions, soaps
- Avoid feminine hygiene sprays
- Treat cuts & scrapes carefully

**Call your healthcare provider if you get a skin infection, rash or wounds that don't heal.**



## Activity and Exercise

- Exercise provides many benefits for you when you have diabetes: lowers blood pressure, improves cholesterol levels, manage blood sugars, control weight, stress relief, improve energy levels, enhances mood, and as you age prevent disability.
- Activities such as walking, bike riding and swimming are good options.
- Before beginning any exercise program — discuss with your doctor
- A home physical therapist can help you plan / begin your exercise program
- Build up activity gradually
- It is important to start slowly when you are not used to exercise
  - Begin by trying a few minutes of activity each day
  - Gradually increase time, or add a second brief period later in day
  - Goal for most people is 30 minutes of exercise daily
- Find something you like
  - Something you enjoyed when you were younger
  - Experiment with new hobbies / activities
  - Find a partner
- If you have foot problems, impaired balance or other conditions that prevent you from safely standing to exercise, speak to your physical therapist regarding physical activities while seated.
- Physical activity in the water may be an option. It supports your body, and is more gentle on feet and joints.



## Medications/Insulin

Remember - Insulin is the carrier that helps sugar enter the individual cells to provide fuel.

In Type 1 Diabetes the pancreas stops making insulin; insulin is needed immediately.

In Type 2 Diabetes insulin production may be adequate at first, and the primary issue is insulin resistance. Often as the disease progresses over time, insufficient insulin production often results in the need for insulin injections.

Insulin Type	Insulin Names	Onset of Action	Peak of Action	Duration of Action
Rapid Acting	Humalog Novolog Apidra	10 - 30 minutes	30 minutes - 2 hours	3-5 hours
Short Acting	Regular	30 - 60 minutes	2-5 hours	6 -12 hours
Intermediate Acting	NPH Humulin-N Novolin-N	1.5 - 4 hours	4 - 12 hours	10 - 24 hours
Long Acting (multiple available)	Lantus Levemir	0.8 - 4 hours	Minimal / No peak	Up to 24 hours

Initiation of Insulin does not mean other anti-diabetic medications stop.

### Guide on Insulin Types for People with Diabetes

There are several types of insulin. Each has a different time when it is active. Sometimes people take only one type of insulin, usually a long acting one. Many diabetics take two types of insulin, a *short* or *rapid acting* insulin—called **bolus** insulin (at meals) and an *intermediate* or *long-acting* insulin 1 –2 times per day at the same time each day (called **basal** insulin).

The combination of basal & bolus insulin more closely mimics normal body's blood sugar control.

Note: Usually insulin has 100 units per ml, higher concentrations are available, usually for people requiring large doses

**I am taking:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

## Medications/Insulin

### Steps to give injection (using a bottle and syringe)

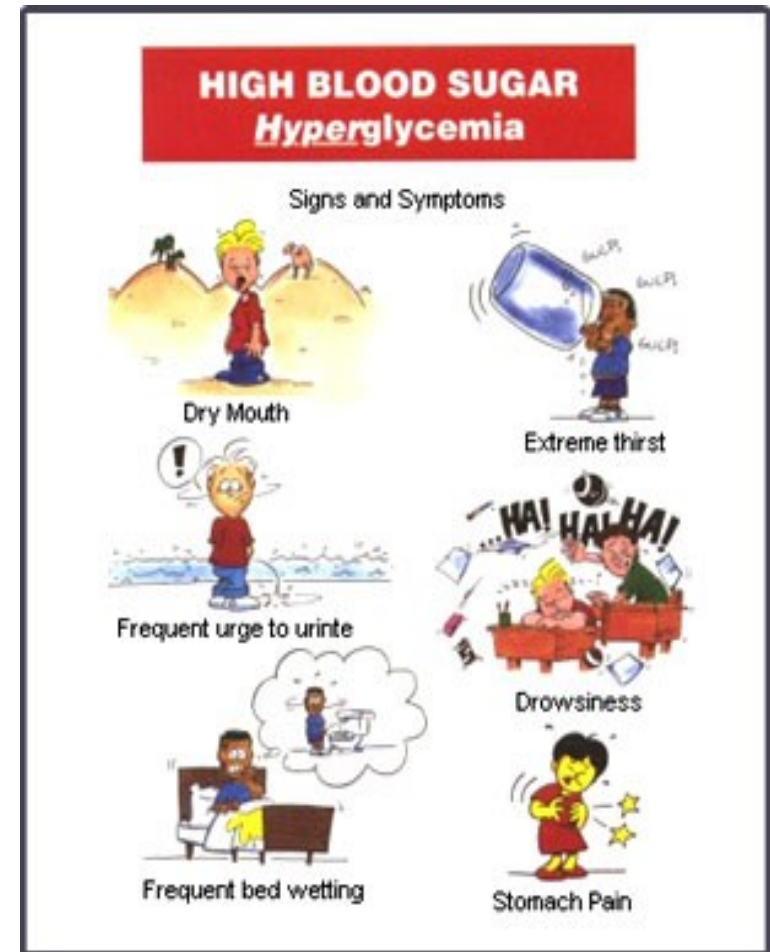
1. Gather supplies (insulin, syringe, alcohol swab, sharps disposal)
2. Wash hands
3. Roll bottle
4. Wipe the top of bottle with alcohol swab
5. Pull plunger down to # \_\_ units
6. Push needle into bottle
7. Push plunger down
8. Flip bottle and pull plunger to # \_\_ of units
9. Pick an injection site and wipe with the alcohol pad
10. Holding syringe like a dart, use the other hand to pinch skin, push needle into skin and press the plunger
11. Pull needle out. Press site with clean tissue for 10-15 seconds.
12. Dispose of syringe / needle in sharps container (thick plastic or metal with a tightly secured lid, clearly labeled).

### Steps to give injection (using a pen)

*(If available review printed instructions given with the prescription)*

1. Gather supplies (pen, pen needles, alcohol swab, sharps container)
2. Wash hands
3. Roll pen and Remove the cap of the insulin pen
4. Wipe the rubber stopper with an alcohol wipe
5. Attach a new pen needle onto the insulin pen
6. To attach the pen needle, pull the paper tab off the pen needle, screw the new needle onto the pen, remove the outer cap of the needle and set aside.
7. Remove the inner cap.
8. Prime the insulin pen (to remove air bubbles from the needle; pen must be primed before each injection).
9. To prime turn the dosage knob to the 2 units. With pen pointing upward, push the knob all the way. At least one drop of insulin should appear; repeat if needed until a drop appears.
10. Select the prescribed dose of insulin by turning the dosage knob.
11. Check that the dose is correct. Set the pen down without letting the needle touch anything.
12. Pick an injection site and wipe with the alcohol pad.
13. Holding pen like a dart, use the other hand to pinch skin, push needle into skin and press the knob until clicking stops.
14. Hold the pen at the site for 6-10 seconds, and then pull the needle out. Press site with clean tissue for 10-15 seconds.
15. Carefully place the outer cap on the needle, unscrew the needle (the needle should come off with the outer cap).
16. Dispose of syringe / needle in sharps container (thick plastic or metal with a tightly secured lid, clearly labeled).

## Hyperglycemia



## DKA - DIABETIC KETOACIDOSIS

- Malaise / weakness
- Nausea / vomiting
- Fruity scented breath
- Rapid breathing / shortness of breath
- Blurred vision
- Mental Confusion
- Dehydration
- Weight Loss

**DKA IS A MEDICAL EMERGENCY — CALL 911**

## Hypoglycemia
















# HYPOGLYCEMIA (Low Blood Glucose Level)

**Causes:** Too little food or skip a meal;  
too much Insulin or Diabetes Pills;

**Onset:** Often Sudden;  
may pass out untreated

## SYMPTOMS:

		 <b>SHAKY</b>	 <b>FAST HEARTBEAT</b>
 <b>SWEATING</b>	 <b>DIZZY</b>	 <b>ANXIOUS</b>	 <b>HUNGRY</b>
 <b>BLURRY VISION</b>	 <b>FATIGUE</b>	 <b>HEADACHE</b>	 <b>IRRITABLE</b>
<b>WHAT CAN YOU DO:</b>		 <b>CHECK</b>	 <b>TREAT</b>
		 <b>CHECK</b>	

**CHECK:** YOUR BLOOD GLUCOSE RIGHT AWAY. IF YOU CAN'T CHECK - TREAT ANYWAY

**TREAT:** BY EATING 3 TO 4 GLUCOSE TABLETS OR 3 TO 5 HARD CANDIES; YOU CAN CHEW QUICKLY (SUCH AS PEPPERMINTS) OR BY DRINKING 4 OUNCES OF FRUIT JUICE; OR 1/2 CAN OF REGULAR SODA

**CHECK:** YOUR BLOOD GLUCOSE LEVEL AGAIN AFTER 15 MINUTES. IF IT STILL LOW, TREAT AGAIN. IF SYMPTOMS DON'T STOP, CALL YOUR HEALTH CARE PROVIDER.

# THE RULE OF 15

**15 GRAMS OF SUGAR TO TREAT**

**15 MINUTES TO RETEST**

**IF BLOOD SUGAR IS BELOW 50:**

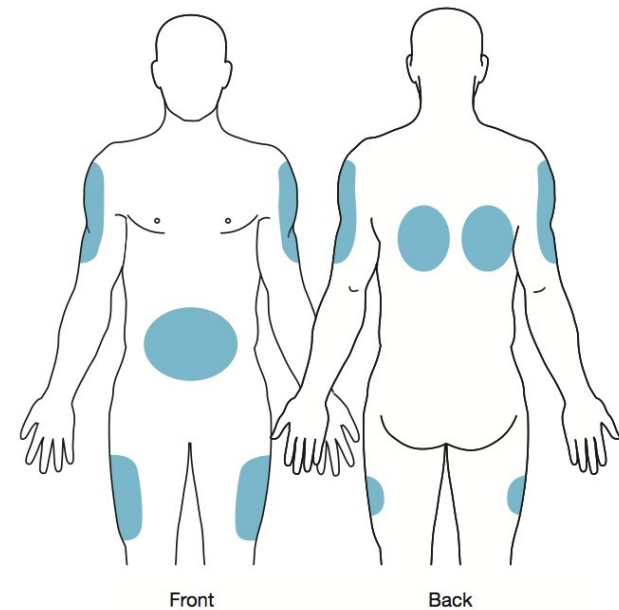
- TREAT WITH 30 GRAMS OF SUGAR
- RETEST IN 15 MINUTES > IF STILL < 50 AFTER TREATMENT CALL 911

## Injection Sites (Subcutaneous)

Regardless of the type of insulin or other medication you use, the technique for the injection is the same. The injections is given in the fat layer just below the skin. Common places to give these shots are the belly, upper arms and thighs.

The sites of injections should vary.

If taking multiple daily injections use same area at same time each day.



Front

Back

All new / unopened vials, pens of insulin should be stored in the refrigerator but NOT frozen. Opened / in use vials and pens should be kept at room temperature.

Additional comments/Instructions regarding insulin or other injectables:

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## Diet and Nutrition

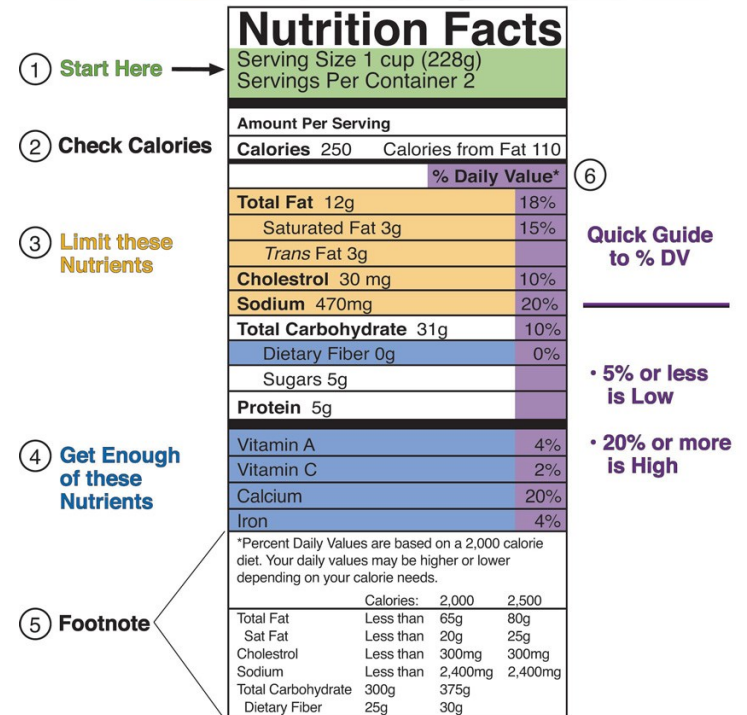
Eating is how you get **FUEL** to run your body. Foods are made up of nutrients—Carbohydrates, proteins, fats, vitamins, minerals and water. Of these Nutrients only carbohydrates, proteins and fats have calories.

Nutrient	Found in these foods	Impact of blood sugar
Carbohydrates	Sugar, bread, cereal, rice, noodles or pasta, tortillas, milk of dairy, fruits and vegetables	Rapidly turn into sugar in the blood. Have the biggest impact on post meal blood sugars.
Proteins	Beef, pork, chicken, fish, shellfish, dairy products milk - cheese - yogurt, Legumes (bean, peas), nuts, seeds, eggs	Breakdown more slowly than carbohydrates. Some parts turn into sugar in the blood.
Fats	Butter, margarine, oils, milk, cheese, nuts, meats, seafood, cold cuts, gravy	Takes the longest time to breakdown. Only a very small amount changes into sugar in blood.

What you eat has a big impact on your health. Making wise food choices can help you control weight, blood pressure and cholesterol.

- Pay attention to serving sizes.
- Increase the amount fruits and vegetable you eat
- Limit fat to 25% of your daily calories and limit sodium
- You may want to reduce the total calories you eat every day (usually by about 500 calories per day)
- Avoid / limit processed food
- Read food labels

## Understand Portion Sizes





## My Specific Diet Recommendations

My Current weight is: \_\_\_\_\_ My Weight: Goal is: \_\_\_\_\_

Calculated Calories to maintain Current Weight: \_\_\_\_\_

Recommended Calories: \_\_\_\_\_

### Other Daily Recommendations

Carbohydrates Grams: \_\_\_\_\_ / Carbohydrate Serving\* \_\_\_\_\_

Protein Grams: \_\_\_\_\_ Protein Servings: \_\_\_\_\_

Total Fat Grams: \_\_\_\_\_ Saturated Fat Grams: \_\_\_\_\_

(\*NOTE: a serving of carbohydrate = 15 grams)

### My Personal Meal Plan

#### Breakfast

Carbohydrate Grams: \_\_\_\_\_ Carbohydrate Servings: \_\_\_\_\_

(Vegetable Servings: \_\_\_\_\_ Fruit Servings: \_\_\_\_\_)

Protein grams or ounces: \_\_\_\_\_ Protein Servings: \_\_\_\_\_

#### Morning Snack:

#### Lunch

Carbohydrate Grams: \_\_\_\_\_ Carbohydrate Servings: \_\_\_\_\_

(Vegetable Servings: \_\_\_\_\_ Fruit Servings: \_\_\_\_\_)

Protein grams or ounces: \_\_\_\_\_ Protein Servings: \_\_\_\_\_

#### Afternoon snack

#### Supper

Carbohydrate Grams: \_\_\_\_\_ Carbohydrate Servings: \_\_\_\_\_

(Vegetable Servings: \_\_\_\_\_ Fruit Servings: \_\_\_\_\_)

Protein grams or ounces: \_\_\_\_\_ Protein Servings: \_\_\_\_\_

#### Bedtime snack

## Diet and Nutrition

- A healthy diet is important in controlling blood sugar
- Depending on medications, eating six small meals daily instead of two to three large ones can help manage your blood sugars
- Limiting the total calories eaten each day may also help control your blood sugar and may result in weight loss
- Eating meals at the same time every day is also important
- Consistent amounts of carbohydrates at these regular meal times is recommended (*talk with your nurse about meal planning, serving sizes and carbohydrate counting*)
- Limit foods high in sugar ("sweets"), especially those with no other nutritional value.
- Choose lean meats (like chicken and fish) or those high in omega 3 fatty acids, like cold water fish
- Limit salt (sodium) - Recommend 1500mg or less daily
- Limit fats & choose good fats (from plants); avoid "trans-fats" & saturated fats (talk with your nurse about specific recommendations)

### Managing Carbohydrates

- Typical food/meal plans start with 45 - 60 grams of carbohydrates per meal (three each day) for women and 60 - 75 grams of carbohydrates for men
- In addition, 15 - 30 grams of carbohydrates for two snacks are sometimes included

### Meal Planning

- 1/4 - grains or starch food
- 1/4 - protein
- 1/2 - (non-starchy) vegetable
- Add low fat milk, small roll or fruit