

Diabetes Instructions:

Diabetes Frequently Asked Questions

What are my goals for my sugars?

Pre-meal (including fasting, before meals): 80-130 mg/dl

2 hours after eating: <180 mg/dl, ideally 100-150 mg/dl

Bedtime: 100-140 mg/dl. Please take a snack if your sugar is less than 100 mg/dl prior to bed.

It is very important for you to bring a log of your sugars and/or glucometer to every visit in our clinic

What do I do if I have a low sugar (hypoglycemia)?

Symptoms: shakiness; nervousness or anxiety; sweating, chills and clamminess; irritability or impatience; confusion; rapid/fast heartbeat; lightheadedness or dizziness; hunger and nausea; sleepiness; blurred vision; tingling or numbness in the lips or tongue; headaches; weakness or fatigue; lack of coordination; nightmares or crying out during sleep; seizures; unconsciousness

Plan of action:

1) If your sugar is less than 70 mg/dl, please eat a 15 gram carb snack. Examples include:

- 3 Glucose tablets or 4 Dextrose tablets
- 4 ounces of fruit juice
- 5-6 ounces (about 1/2 can) of regular soda such as Coke or Pepsi
- 7-8 gummy or regular Life Savers
- 1 tablespoon of sugar, honey, or corn syrup
- 8 ounces of nonfat or 1% milk

2) Rest for 15 minutes and then re-check your sugar. If it is still low (less than 70 mg/dl), please repeat step #1. Repeat as necessary.

3) Once blood glucose returns to normal, eat a small snack (15 grams of carbs) if your next planned meal or snack is more than 1-2 hours away.

Emergency situations:

If you are unconscious, family members should administer 1 mg of *glucagon* in the muscle to bring the sugar up and call 911 immediately. Since glucagon may cause you to vomit, you should be placed on your side when the injection is given.

If you have a glucagon kit, please be sure to check the date to make sure it is not expired. If it is expired, please let us know

Contact us:

Please notify us if you experience more than 2 episodes of low sugar (less than 70) or if you ever have to use glucagon or call 911

Preventative Measures:

Please make sure you have an up to date glucagon kit (check the expiration date) and that you are wearing a medical alert tag consistently.

What do I do if I have high sugars (hyperglycemia)?

- Be sure to drink plenty of water.

What if I'm going to be driving for long distances?

- Always carry a blood glucose meter and appropriate snacks, including a quick-acting source of sugar (such as juice, non-diet soda, hard candy, or 4 glucose tablets) as well as snacks with complex carbohydrate, fat, and protein (e.g., cheese crackers) in your car
- -Never begin an extended drive with low normal blood glucose (e.g., 70–90 mg/dL) without prophylactic carbohydrate consumption to avoid a fall in blood sugar during the drive;
- Stop the vehicle as soon any of the symptoms of low blood glucose are experienced and measure and treat the blood glucose level; and
- Do not resume driving until blood glucose and cognition (clear thinking) have recovered.

How do I store my insulin and diabetes supplies?

- *Insulin*: Be sure to keep your insulin refrigerated. It is fine to carry these supplies with you during the day unrefrigerated as long as you keep them in a cool environment.
- Although manufacturers recommend storing your insulin in the refrigerator, injecting cold insulin can sometimes make the injection more painful. To avoid this, you may try storing the bottle you are using at room temperature. Insulin kept at room temperature will last for approximately 1 month. Just remember to store extra insulin (extra vials or pens) in the fridge.
- It is important to know that extremes of temperature can affect how well your insulin will work. Be sure to keep your insulin out of extreme heat (for example, avoid storing insulin in direct sunlight) and never freeze insulin (also avoid storing next to a frozen ice pack). Always be sure to check the expiration date on your insulin and never use it if it's beyond the expiration date.
- *Glucometer strips*: Avoid exposing your strips to extremes of temperatures. Also close the canister on your test strips to keep out moisture and debris.
- *Glucometer*: Never expose this to extremes of temperatures as above.

Where should I inject my insulin?

- The place on your body where you inject insulin affects your blood glucose level.
- Insulin enters the blood at different speeds when injected at different sites.
 - Insulin shots work fastest when given in the abdomen. Insulin arrives in the blood a little more slowly from the upper arms and even more slowly from the thighs and buttocks.
- Some general tips depending on where you choose to inject:
 - Stomach*: Stay at least 2 inches away from the bellybutton or any scars
 - Thigh*: Inject at least 4 inches above or about one hand's width above the knee and at least 4 inches down from the top of the leg. The best area on the leg is

the top and outer area of the thigh. Do not inject insulin into your inner thigh because of the number of blood vessels and nerves in this area.

--*Arm*: Inject into fatty area in the back of the arm between the shoulder and elbow

--*Buttock*: Inject in the hip or "wallet area" and not into lower buttock area

--Injecting insulin in the same general area (for example, your abdomen) will give you the best results from your insulin. This is because the insulin will reach the blood with about the same speed with each insulin shot.

- Don't inject the insulin in exactly the same place each time, but move around the same area. For example, keep injections at least an inch (or two finger widths) apart.
- Each mealtime injection of insulin should be given in the same general area for best results. For example, giving your before-breakfast insulin injection in the abdomen and your before-supper insulin injection in the leg each day give more similar blood glucose results.
- Don't inject into scar tissue or areas with broken vessels or varicose veins.
- If you inject insulin near the same place each time, hard lumps or extra fatty deposits may develop. Both of these problems make the insulin action less reliable.
- When injecting with an insulin pen, inject straight in and be sure to hold the pen in place for a few seconds after the insulin is delivered to ensure that no insulin leaks out.

How to I dispose of my insulin needles?

- We will give you a disposal container for your sharps. Otherwise, consider using a heavy duty plastic container (ex: laundry detergent container) as an alternative.
- Your area may have rules for getting rid of medical waste such as used syringes. Ask your refuse company or city or county waste authority what method meets their rules. The CDC has more information about safe needle disposal in your area. When traveling, bring your used syringes home. Pack them in a heavy-duty holder, such as a hard plastic pencil box, for transport.

Do you have any recommendations in terms of my diet?

We recommend a diet low in saturated fat, high in fiber, and carbohydrate-moderated. In other words, please work on eating less total calories, less fried and fatty foods, more non-starchy vegetables, whole fruits and lean meats, fewer total carbohydrates (starches), and more high fiber carbohydrates (brown or wild rice rather than white rice, whole grain bread rather than white bread, sweet potatoes rather than white potatoes, whole grain rather than sugary cereals, higher fiber rather than white pasta). This will help control your weight and improve blood sugar levels.

A few apps for your phone that can help with tracking calorie and carbohydrate intake: MyFitnessPal, Calorie King, Figwee

How much should I be exercising and are there any precautions I should take?

We recommend 20-30 minutes most days of the week with a goal of at least 150 minutes per week.

If you tracking your steps with a pedometer or other fitness device, aim for a goal of 10,000 steps per day (2000 steps =1 mile).

What type of screening do I need every year to make sure I don't have any complications from my diabetes?

Eyes: It is very important for you to have a dilated eye exam with an ophthalmologist at minimum every 1-2 years to look for complications of diabetes in the eyes.

Kidneys: You will need at minimum blood work and urine test once per year to screen for kidney damage related to diabetes

Feet: Daily foot checks are very important. Please let us know if you are experiencing numbness/tingling in the hands/feet.

Vaccines: You should remain up to date on the following vaccinations: influenza, pneumococcal, hepatitis B; please discuss this with your primary care physician

For more information and resources:

American Diabetes Association: <https://www.diabetes.org/diabetes>

Johns Hopkins Patient Guide to Diabetes: <https://hopkinsdiabetesinfo.org>

Diabetes Food Hub: <https://www.diabetesfoodhub.org>

Diabetes FORECAST: <https://www.diabetesforecast.org>

Insulin Safety Tips:

1. If you have any blood sugar readings less than **70 mg/dl** or over **300 mg/dl**, please call my office (see phone numbers below).
2. If your blood sugar is <100 mg/dl **at bedtime**, please eat a small snack before going to bed (i.e. 1/2 apple with tablespoon of peanut butter).
3. If you are **NOT EATING** a meal for any reason (i.e. Vomiting, no appetite, etc), do not take your nutritional insulin dose (i.e. Novolog, Humalog, or Apidra). You may take this insulin according to the "NOT EATING" column on your scale (if applicable). Continue your long-acting insulin, but consider decreasing your dose by 20% if you have a tendency to experience low blood sugars when fasting.
4. **Hypoglycemia** is a blood sugar less than **70 mg/dl**. Symptoms of hypoglycemia include: shakes, tremors, sweating, confusion, odd behavior, unresponsiveness, and seizures. If your sugar is less than 70 mg/dl, eat a 15 gram carb snack (i.e. Apple juice, orange juice,

graham crackers) or take a glucose tablet. If your sugar is still less than 70 mg/dl after 15 minutes, eat another 15 gram snack and consider eating a more substantial meal.

5. **Family members** should administer **glucagon 1 mg** (in muscle) if diabetic patient is unresponsive and call 911 immediately.