



My Diabetes Action Plan

Name: _____

DOB: ___/___/_____

Date: ___/___/_____

Green Zone: **ALL CLEAR** - *I'm feeling well today* – Keep up the good work!

- I am taking my medications and following my providers recommendations
- Most blood sugars are within my goal range
- **Blood Sugar Targets (for most patients)**
 - Before Meals: 80-130 mg/dL
 - After Meals: below 180 mg/dL

I Will:

- Continue to take my medications as directed
- Continue to monitor my blood sugars as directed
- Reach out to my care team or provider's office if anything changes

Yellow Zone: **CAUTION** - *I'm having some trouble* – I need some help!

- My blood sugars are above 300 and I don't know why
- I have symptoms of high blood sugar including: thirst, dry mouth, blurred vision or frequent urination
- I have episodes of low blood sugar (below 70), including low blood sugars overnight
- I am experiencing nausea, vomiting and/or diarrhea that interfere with eating and/or drinking
- I have been prescribed a new steroid medication, such as prednisone or methylprednisolone or received a steroid injection

I Will:

- Contact my care team or provider immediately, including if I am unable to take my medications as directed OR need possible medication adjustments
- Treat low blood sugars using the Rule of 15 (see back)
- Continue to take my medications as directed
- Continue to monitor my blood sugars as directed

Red Zone: **DANGER** - *I need immediate medical care!*

- My blood sugar remains above 350 for more than 6 hours
- My blood sugar remains below 70 after two attempts to treat (Rule of 15 - see back)
- I have high blood sugars with worsening nausea, vomiting, diarrhea or confusion

I Will:

- Contact my provider's office immediately & be prepared to provide: blood sugar readings, symptoms, medication I have taken including times and doses and what I've had to eat/drink
- Call 911 or seek medical care immediately if I am unable to reach my provider's office OR if my blood sugar remains below 70 after two attempts to treat

My Providers:

For appointments or urgent concerns, please contact your provider's office directly.

Primary Care Provider: _____

Primary Care Phone Number: _____

Coastal Resources:

My Diabetes Care Team

For general, non-urgent questions or concerns:
Call/text *during office hours*: **401-321-2790**

Coastal365™
Adult Sick Visit Clinic - Multiple Locations

Available evenings, weekends, and holidays:
Call: **1-800-822-5981**



My Diabetes Action Plan

The Rule of 15

Low blood sugar (Hypoglycemia) - Blood Sugar below 80mg/dL

Symptoms may include: shakiness, sweating, confusion, dizziness, fatigue, nervousness and hunger

1. If you notice symptoms, check your blood sugar immediately (*when in doubt, check it out!*)
2. Take **15 grams** of fast-acting glucose (choose one below):
 - 4 oz regular fruit juice or regular soda
 - 3-4 glucose tabs
 - 1 tbsp honey
 - 3 regular sugar packets
 - Glucose gel
3. After treating, wait **15 minutes** and re-check blood sugar - repeat above if blood sugar remains below 80 mg/dL.
4. Once your blood sugar returns to normal, eat a meal or snack with protein.
5. Call your healthcare provider if low blood sugar continues.

My A1C Chart

A1C (%) 3 month average of blood sugars	Estimated Average Glucose (mg/dL)
5	97
5.5	111
6	126
6.5	140
7	154
7.5	169
8	183
8.5	197
9	212
9.5	226
10	240
10.5	255
11	269
11.5	283
12	298

These are general recommendations, please check with your provider for your individual goals.