

**My Name is:** \_\_\_\_\_

(DOB:     /     /     )

**I have:**

Type 1, Insulin Dependent Diabetes

Type 2 Diabetes and take Insulin

**I give my insulin using**

<input type="checkbox"/> <b>Injections</b>		<input type="checkbox"/> <b>Insulin Pump (Brand: _____)</b>	
<b>Long-Acting Insulin:</b> <input type="checkbox"/> Lantus <input type="checkbox"/> Basaglar <input type="checkbox"/> Levemir <input type="checkbox"/> Tresiba _____ units given at _____ am/pm		In Case of Pump Failure my Injection Doses are: <b>Long-Acting Insulin Dose:</b> _____ units <input type="checkbox"/> Lantus <input type="checkbox"/> Basaglar <input type="checkbox"/> Levemir <input type="checkbox"/> Tresiba <i>(do not reconnect pump unit it has been about 24 hours since your last injected long-acting insulin dose)</i>	
<b>My Rapid Acting Insulin is:</b> <input type="checkbox"/> Novolog <input type="checkbox"/> Humalog <input type="checkbox"/> Apidra <input type="checkbox"/> Fiasp		<b>My Rapid Acting Insulin is:</b> <input type="checkbox"/> Novolog <input type="checkbox"/> Humalog <input type="checkbox"/> Apidra <input type="checkbox"/> Fiasp	
<b>Insulin to Carb Ratio:</b> 1 unit: _____ grams		<b>Insulin to Carb Ratio:</b> 1 unit : _____ grams	
<b>Correction Insulin Dose:</b> 1 unit for every _____ mg/dL above _____ mg/dL		<b>Correction Insulin Dose:</b> 1 unit for every _____ mg/dL above _____ mg/dL	
_____ - _____ mg/dL	1 unit	<b>Active Insulin Time:</b> _____ hours  In Case of Pump Failure, the 24-hour support number for my pump company is:  (     )     -  <i>(Usually found on the back of your pump)</i>	
_____ - _____ mg/dL	2 units		
_____ - _____ mg/dL	3 units		
_____ - _____ mg/dL	4 units		
_____ - _____ mg/dL	5 units		
_____ - _____ mg/dL	6 units		

 **Glucagon**

**to be given in case of severe low blood sugar (unable to eat or drink), unconsciousness, or seizure**  
 I use:

Glucagon Emergency Kit, 1 mg, follow instructions for mixing and inject under the skin

Baqsimi, 3 mg, administer into one nostril (inhalation not for medication to work)

Gvoke, 1 mg, Inject under the skin

**My Glucagon is kept:** \_\_\_\_\_

*If Glucagon is given, immediately call 911 and notify the Emergency Contact. Also, make sure that the person who received glucagon is laying on their side and nothing is blocking their ability to breath.*

<b>Parent/Guardian/Emergency Contact Information</b>	
Parent/Emergency Contact Name:	Phone Number:
<b>Diabetes Care Provider Information</b>	
My Endocrinologist/Diabetes Provider:	Phone Number:
<b>Pharmacy Information</b>	
Pharmacy:	Phone Number:

Other Important Information:

Symptoms	What to Do
<b>Mild</b> <ul style="list-style-type: none"><li>• Able to eat and drink</li><li>• No vomiting</li><li>• No fever</li><li>• Urine: <b>No ketones</b></li><li>• Blood: Ketones &lt;0.6 mmol/L</li></ul>	<b>Take your long-acting insulin as usual OR make sure your insulin pump is working.</b> Also do the following:  <b>Ketones:</b> Check once a day <b>Insulin:</b> Give all doses (carb ratio and correction) <b>Sugar:</b> Check before meals/bedtime <b>Sip:</b> Sugar-free drinks. (Fluids are very important.)
<b>Moderate</b> <ul style="list-style-type: none"><li>• Fever, nausea, or diarrhea</li><li>• Urine: <b>Small/moderate ketones</b></li><li>• Blood: Ketones 0.6 -1.5 mmol/L</li></ul>	<b>Take your long-acting insulin as usual. If using a pump, insert new site.</b> Also do the following:  <b>Ketones:</b> Check every 2-3 hours with small/moderate ketones. Check every 1-2 hours with large ketones. <b>Insulin:</b> Use syringe or- pen* to give correction insulin every 3 hours (no carb ratio) <b>Sugar:</b> Check every 3 hours <b>Sip:</b> Sugar-free drinks if blood sugar higher than 250 mg/dL or sugary drinks if 250 mg/dL or less  <b>*Do not give correction insulin with insulin pump.</b>
<b>Severe</b> <ul style="list-style-type: none"><li>• Vomiting</li><li>• Urine: <b>Large ketones</b></li><li>• Blood: Ketones &gt;1.5 mmol/L</li></ul>	

For full Sick Day Handout, scan here:

