



Diabetes Resource Book

BOSTON
MEDICAL
CENTER

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Welcome to Boston Medical Center's Diabetes Program

If you are living with diabetes, you may have many questions about how to take care of your health. Managing diabetes is not always easy, but with some education you can learn the skills you need to manage diabetes in your everyday life. At Boston Medical Center (BMC), our group of certified diabetes education care specialists are dedicated to helping you.

This booklet will give you the information and resources you need to help take care of your diabetes — so you can live an active life and prevent or delay health complications. Inside, you will find information on healthy eating, being physically active, monitoring blood sugars, managing diabetes when you are sick, diabetes medicines, and managing stress and day-to-day activities.

On page 65, you will find a copy of the intake form you will be asked to fill out before your first appointment. This will give your diabetes care team important information about you so they can provide you with the best care possible.

Please keep this booklet on hand and refer to it as a guide whenever you have questions. We encourage you to reach out to your BMC diabetes care team with questions and for ongoing support. You can also visit our website at BMC.org/diabetes/resource-center.

You are not in it alone!



You are at the center of your diabetes treatment.

You can play a big role in your diabetes care. There are lots of steps you can take to help manage your diabetes. Your BMC diabetes care team is here to support you.

Go to the BMC Diabetes Resource Center for more information on how to manage your diabetes.

Scan the QR code to access the Diabetes Resource Center.

1. Open your smartphone camera:

If you have an iPhone or android open the camera app.

2. Point the camera at the QR code:

Hold your phone steady and aim the camera at the QR code like you are taking a photo.

3. Wait for recognition:

Your phone's camera will automatically recognize the QR code. There's no need to take a picture.

4. Tap on the notification:

Once the QR code is recognized, a notification or a pop-up will appear.

5. Follow the link or action:

Tap on the notification or pop-up to open the link or perform the action embedded in the QR code.



Or go to the website:

BMC.org/diabetes/resource-center

What is Diabetes?



What You Need To Know About Diabetes

- Food gives our body fuel. Much of the food we eat turns into sugar. Blood sugar travels from the bloodstream to the cells to give us energy. Insulin is like the “fuel pump” that delivers the sugar to the cells.
- Diabetes happens when the body doesn’t make enough insulin, or the insulin doesn’t work well, so the body cannot use the food you eat in the right way. The blood sugar does not get into your body’s cells to give you energy.



There are two types of diabetes

Type 1

- The body stops making any insulin.
- Is treated with insulin, which is injected.
- Most common in children and young adults, but can occur at any age.

Type 2

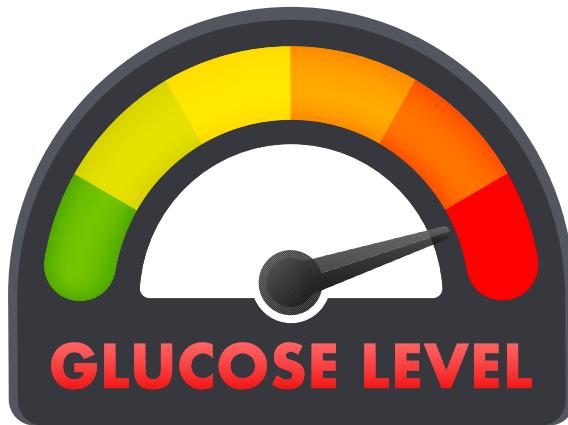
- The body does not make or use insulin well.
- May be treated with diet, exercise, insulin, or other medicines.
- Can develop at any age, but risk increases after age 45. Having a family member with diabetes, having gestational diabetes, being less active, and having a higher body mass index (BMI) are risk factors.



Get checked

If you are at increased risk for diabetes, ask your doctor about getting tested at your next visit. You can take our risk test at diabetes.org/diabetes-risk-test to find out if you are at risk for type 2 diabetes. Refer to page 6 for how to use the QR Code.

What You Need to Know About Prediabetes



Prediabetes is also known as “borderline diabetes.” Having prediabetes means your blood sugar levels are higher than normal but not yet considered diabetes. You might not feel any symptoms, but without any changes, you will likely develop type 2 diabetes. There are some treatments to prevent this, including lifestyle changes, medicine, or both.

How can I delay or prevent type 2 diabetes?

You may be able to delay or even prevent type 2 diabetes by:



Taking medicine
(if your doctor prescribes it)



Losing a small amount
of weight if you are
overweight



Being active
most days
(30 minutes,
5 days a week
OR 150 minutes
per week)



Eating a
balanced diet

What You Need to Know About Gestational Diabetes

Gestational diabetes is a type of diabetes that develops during pregnancy. It occurs when a pregnant person's blood sugar, or blood glucose, is higher than it should be.

Will my baby be born with diabetes?

Gestational diabetes doesn't cause diabetes in babies, but it can increase the risk of your child developing diabetes in the future.

How can gestational diabetes affect me?

While pregnant you have a higher risk of needing a c-section, and an increase risk of complications, such as dangerously high blood pressure. Your risk of developing diabetes in the future is also much higher.

How can gestational diabetes affect my baby?

Studies have shown that you can have a healthy baby if your blood glucose levels are in the target range. But if your blood glucose stays high, your baby can have health problems at birth, such as breathing problems, low blood sugar, a low level of calcium in the blood, jaundice (yellowing of the skin), and an abnormal increase in red blood cells. Your doctor can do tests after delivery to check for problems.

Coping with gestational diabetes

Sometimes a diagnosis of gestational diabetes can lead to feelings of guilt, worry, and fear. Consider having your partner, close friend, or family member attend appointments with you for additional support. The good news is that your doctors and diabetes educators are here to support you through that journey.

What should I test during my pregnancy?

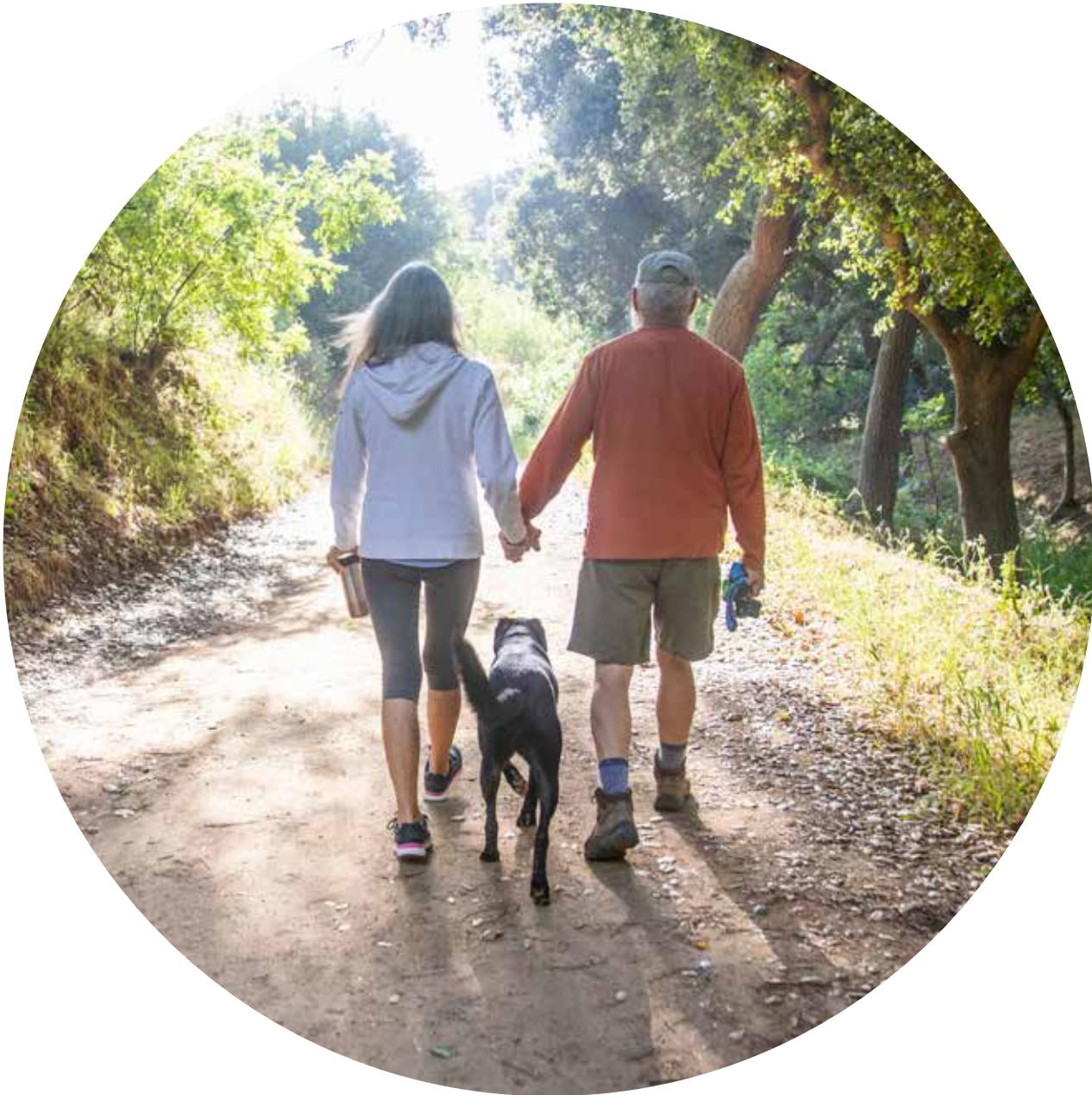
- **Blood sugar:** Keeping track of your blood glucose levels will tell you whether your diabetes treatment is working. Some women have their glucose levels checked regularly by their healthcare team. Many women check blood glucose on their own, using a blood glucose meter. Talk to your healthcare provider about this option.
- **Ketones:** You may need to check for ketones in your urine. Having ketones means that your body is using fat for energy instead of glucose. This can happen if you're not getting enough calories or if you're not eating often enough. Ketones may be harmful for your baby.

What can I expect after delivery?

Your baby's blood glucose will be checked right away after delivery. Your baby may need to go to the special care nursery for observation if their blood glucose level is too low. It's important that you have another diabetes screening test six weeks after delivery because there is a chance of developing type 2 diabetes later on.



Build Healthy Habits



The Benefits of Physical Activity

Being active is a big part of living healthy and managing your diabetes. Physical activity will give you many health benefits:

Blood glucose, blood pressure, and cholesterol management: Regular physical activity helps maintain optimal levels of blood glucose (sugar), blood pressure, cholesterol, and reduces the risk of disease-related complications.

Reduces risk of heart disease and stroke: Engaging in physical activities lowers the risk of heart disease and stroke, contributing to a healthier cardiovascular system.

Stress relief: Physical activity is an effective stress reliever, promoting mental well-being and emotional balance.

Improved insulin function: Regular exercise enhances insulin sensitivity, aiding in better blood sugar regulation, which is particularly beneficial for people with diabetes.

Strengthening the heart, muscles, and bones: Physical activity helps strengthen the heart, muscles, and bones, enhancing overall physical strength and resilience.

Improved blood circulation and muscle toning: Engaging in physical activities improves blood circulation and helps tone muscles, contributing to better overall fitness.

Flexibility: Regular physical activity keeps the body and joints flexible, promoting better mobility and reducing the risk of stiffness.

Even if you haven't been active before, adding physical activity into your daily routine can bring about positive changes. You can benefit from any type of activity, even if it's not strenuous, and once you make physical activity a habit, you may find it vital for your well-being.

If you've been inactive for a while, start with a check-up from your healthcare provider. This exam will check your heart, blood vessels, eyes, kidneys, feet, and nervous system. Based on your health status, your healthcare provider can recommend the best physical activities for you. A well-rounded physical activity routine typically includes daily activities, aerobic exercise, and strength training. These can be tailored to your individual needs and abilities.



Scan this QR code to access the Physical Activity Video

Refer to page 6 for how to use the QR Code.

Or go to The Importance of Exercise video:

youtube.com/watch?v=SC3kvGjesmY



Ways to Add Physical Activity to Your Day

Getting started

If you've been inactive, start with 5 or 10 minutes a day and gradually do more each week. Consider breaking your daily activity into parts, such as a brisk 10-minute walk three times a day. Ask your healthcare team about how to warm up and stretch before aerobic exercise, and cooling down afterward. Build activity into your day. Walking for just 30 minutes a day, five days a week is a good start. If you can't walk for 30 minutes at once, you can take shorter walks throughout the day.

Aim for about 30 minutes a day, at least 5 days a week, totaling at least 150 minutes per week.

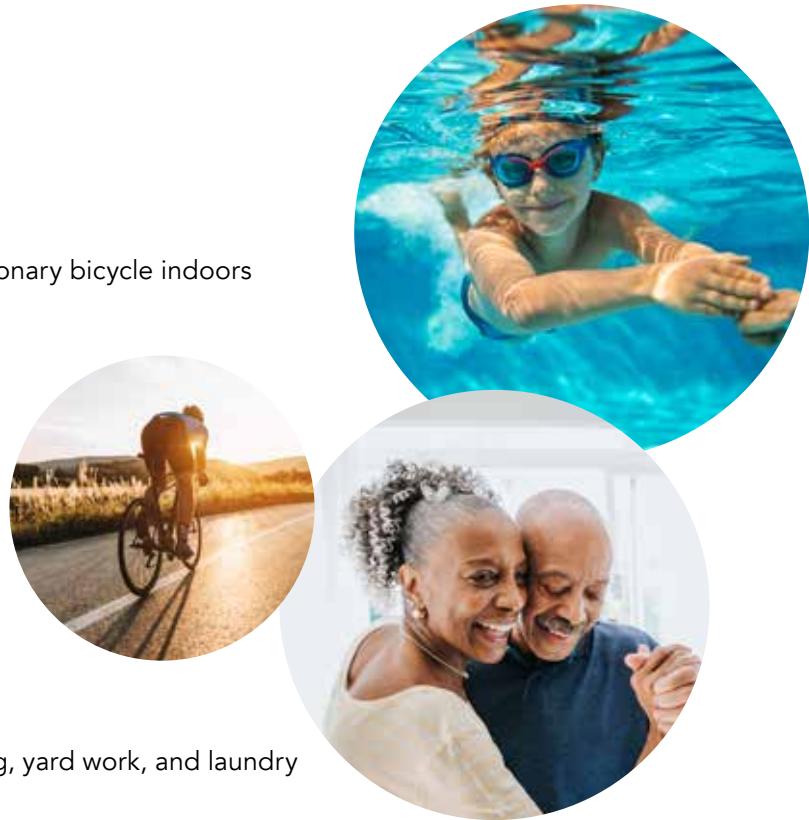
Aerobic exercise

Aerobic exercise is any type of activity that raises your heart rate. It offers many benefits for your body:

- Strengthens the heart and bones.
- Relieves stress.
- Improves insulin sensitivity.
- Enhances blood circulation.
- Lowers the risk of heart disease by maintaining target levels of blood glucose, blood pressure, and cholesterol.

Ways to add aerobic exercise:

- Take a brisk walk every day
- Try dancing or join a dance aerobics class
- Swim or join a water aerobics class
- Go for a bicycle ride outdoors or use a stationary bicycle indoors
- Weight training
- Walking
- Yoga
- Biking
- Swimming
- Jumping rope
- Dancing
- Household chores, like vacuuming, mopping, yard work, and laundry



Strength training

Strength training is crucial for enhancing bone and muscle strength, making daily activities such as carrying groceries more manageable. It also helps you burn calories, even at rest, and plays a role in improving insulin sensitivity.

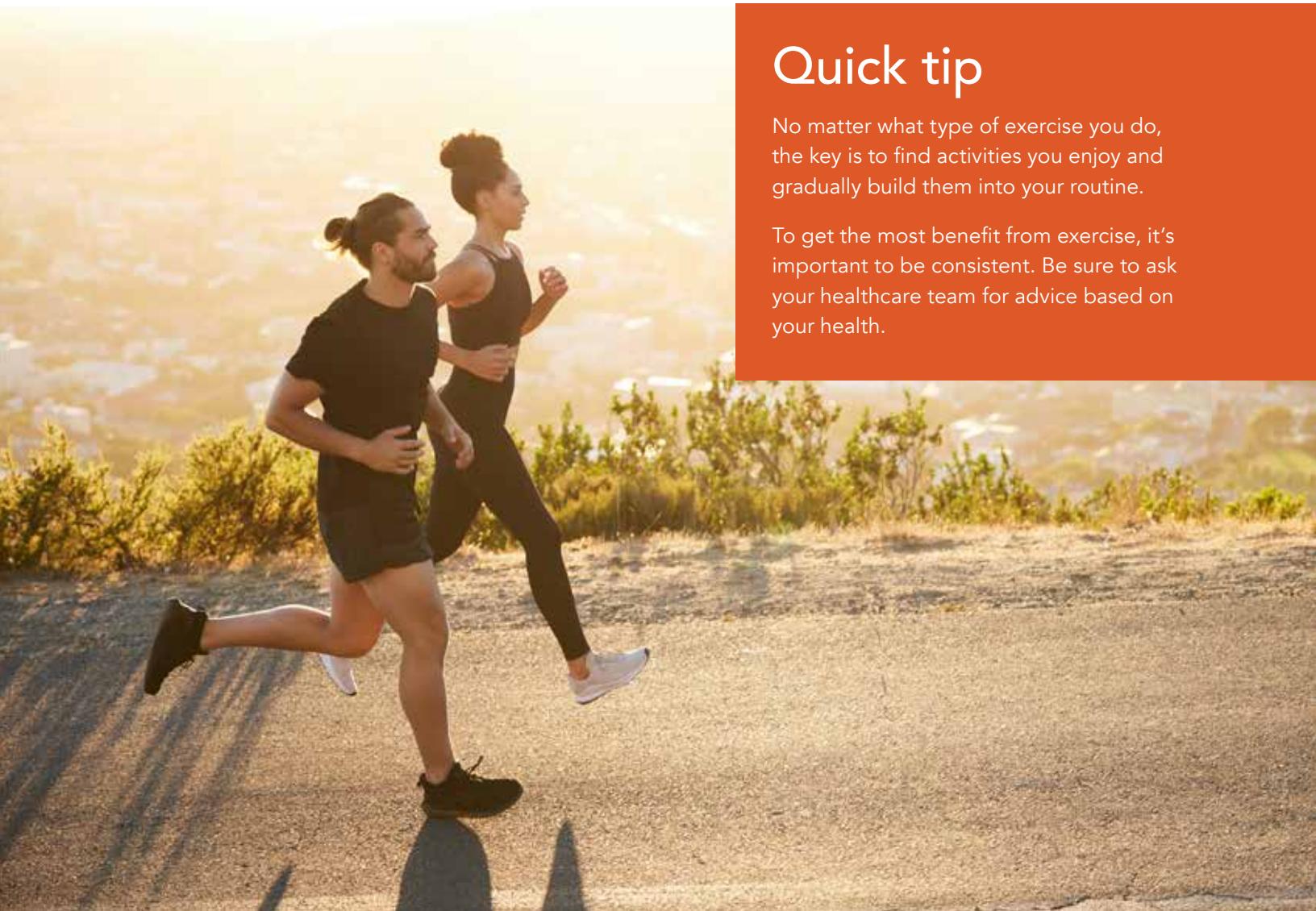
Here are some ways to add strength training to your day:

- Use dumbbells or other household items to perform strength exercises.
- Participate in a class that incorporates weights, elastic bands, or plastic tubes for resistance training.
- When traveling, use strength training fitness facilities available at hotels.

Quick tip

No matter what type of exercise you do, the key is to find activities you enjoy and gradually build them into your routine.

To get the most benefit from exercise, it's important to be consistent. Be sure to ask your healthcare team for advice based on your health.



Choose a Healthy Plate



Taking Small Steps

Taking small steps can go a long way toward building healthy habits. Try making these changes to eat a healthier diet.

- Limit sugar-sweetened beverages: Choose calorie-free, unsweetened options
- Include at least one vegetable every day for lunch and dinner.
- Eat smaller servings of your usual foods.
- When eating out, share your main course with a friend or family member. Or take half of the meal home for lunch the next day.
- Limit fried foods and use other cooking methods such as roasting, broiling, grilling, steaming, or baking instead of deep-frying or pan-frying.
- Choose lean protein sources with less saturated fat like chicken, fish, or low-fat dairy. Limit processed meats that are high in fat and salt. These include hot dogs, sausage, and bacon.



Quick tip

Write down what and how much you eat and drink for a week. Writing things down makes you more aware of what you're eating.

There is no "one-size fits all" diet for people with diabetes. Use the following guidelines for healthy eating to find a diet that works for you. Your diabetes doctor and dietitian can help.

The diabetes plate balances out foods that raise blood sugars. This helps you continue eating foods you enjoy while keeping your blood sugar in check. The goal is to fill up about half your meal with vegetables high in fiber, a quarter of your meal with a low-fat protein food, and a quarter of your meal with a carbohydrate food.

High Fiber, High Protein: Healthy Eating for Life

Lean meats and plant-based proteins

Serving size: about the size of your palm (3-4 oz).

Choose more often: Lean or skinless cuts.

- chicken
- seafood
- lamb
- eggs
- turkey
- beef
- goat
- tofu
- fish
- pork
- buffalo
- tempeh

Keywords to shop for:

Chop, loin, broil, top round, sirloin, chopped or ground meat 93% lean or higher

Choose less often:

high fat, processed, fried meats; marbled steaks; spare ribs; bacon; sausage; corned beef; kielbasa; hot dogs; deli meats; organ meats; canned meat/fish packed in oil

Low-fat & fat-free dairy

Serving size: 8 oz liquid, 6 oz yogurt, 1 oz cheese (1 stick/slice)

Choose more often: lower fat, lower sugar milk & milk alternatives, cheese, and yogurt.

- 1% skim milk
- cottage cheese
- Greek yogurt
- unsweetened milk alternative
- ricotta cheese
- Icelandic yogurt
- light/reduced fat cheese

Keywords to shop for:

0%, 1%; fat-free, skim, part-skim, unsweetened

Choose less often:

flavored milks, regular and full-fat cheeses, cream cheese, sugary yogurts, cream, whipped cream, ice cream

Non-starchy vegetables

Serving size: 1/2 cup cooked, 1 cup raw

Choose more often: plain fresh, frozen, low-sodium, canned, non-starchy varieties

- artichoke
- cauliflower
- leaks
- scallions
- arugula
- celery
- lettuce
- spinach
- asparagus
- chayote
- mushrooms
- Swiss chard
- bean sprouts
- cucumber
- okra
- spaghetti squash
- beets
- eggplant
- onions
- summer squash
- bok choy
- collard greens
- pea pods
- tomatoes
- broccoli
- green beans
- peppers
- turnips
- brussels sprouts
- jicama
- radishes
- zucchini
- cabbage
- kale
- romaine
- carrots
- kohlrabi
- rutabaga

Complex carbohydrates, starches, and fruits

Serving size: 1 slice bread, 1/2 cup cooked grain/starchy vegetable, 1 baseball-size fruit, 1 cup fruit, 1/2 banana, 2 tablespoons dried fruit

Choose more often: fiber-rich, whole grains, whole (unprocessed) starchy fruits and vegetables

• brown rice	• quinoa	• potatoes	• beans
• wild rice	• rye	• sweet potatoes	• chickpeas
• whole wheat bread	• oatmeal	• winter squash	• lentils
• whole wheat pasta	• cream of whole wheat	• cassava	• fresh/frozen fruits
• barley	• whole grain crackers	• plantain	
• buckwheat	• corn	• yam	
• farro	• peas	• yucca	

Choose less often: refined, processed grains (white rice, white bread, regular pasta, bagels, muffins, sugary cereals, cakes, cookies, pies, donuts, croissants, pastries, and chips), fried starchy vegetables, dried fruit, fruits packed in juice/syrup and fruit juice (even 100% natural)

Heart-healthy fats

Serving size: 2 tbsp nut butter/salad dressing, 1/4 cup nuts, 1/4 avocado

Choose more often: monounsaturated, polyunsaturated, omega-3 fats

• nuts	• seeds	• olives	• plant oils
• nut butter	• avacados	• olive oil	• cooking spray

Choose less often: saturated and partially hydrogenated (trans) fats, such as butter, margarine, shortening, creamy salad dressings and sauces, mayonnaise, high fat/fried meats

Helpful hints:

- Eat regular meals every 3-4 hours. Skipping meals can lead to overeating and craving sugary foods.
- Focus on choosing vegetables, lean proteins, and whole grains to create a balanced plate.
- Eat a variety of foods of many colors to consume different vitamins and nutrients.
- Stay hydrated. Drink water and other low-sugar beverages throughout the day.
- Flavor your foods with herbs, spices, seasoning blends, vinegars, lemon, or lime juice.
- Try healthy ways of cooking your favorite foods, like baking, broiling, grilling, stir-frying, or steaming.
- Pay attention to your hunger cues — eat slowly and allow your stomach enough time to signal your brain that you are full (about 20 minutes).
- Remember there is no “one-size-fits-all” diet. Everyone has different needs and different preferences. A registered dietitian can help you find what works for you.

How to Read Food Labels

What to look for

1. Check the serving size

- Is this the amount you are planning to eat?
- If you are going to eat more or less than the serving size listed, you will have to multiply or divide the total amount given.

2. Total carbohydrate (carb)

- Total carb has the biggest effect on blood sugar.
- Total carb includes fiber, sugars and starch.
- You do not have to look at "sugars" separately.

3. Dietary fiber:

- Fiber does not have any calories
- Fiber may be subtracted from the total carb grams: (36g – 8g fiber = 28g total carb)
- Choose foods with at least 3 grams of fiber per serving.

4. Total fat

- Try to limit total fat to help control your weight and reduce your risk for heart disease.
- Low-fat foods have no more than 3 grams of fat per serving.
- Saturated fat: Look for less than 1 gram per serving
- Trans fat: Look for 0 grams per serving

Nutrition Facts

Serving Size 3 oz. (240mL)
Servings Per Container 2

Amount Per Serving

Calories 250 **Calories from Fat** 110

% Daily Value*

Total Fat 12g **18%**

 Saturated Fat 3g **15%**

 Trans Fat 3g

Cholesterol 30mg **10%**

Sodium 470mg **20%**

Total Carbohydrate 31g **10%**

 Dietary Fiber 0g **0%**

 Sugars 5g

Protein 5g

Vitamin A **4%**

Vitamin C **2%**

Calcium **20%**

Iron **4%**

*Percent Daily Values are based on a 2,000 calorie diet.
Your Daily Values may be higher or lower depending on
your calorie needs.

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	25g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Scan these QR codes to access the Plate Method Video

Refer to page 6 for how to use the QR Code.

English version



Spanish version



Label Terms

Label Terms	Definition
Fat free	0.5 grams of fat or less per serving
Low-fat	3 grams of fat or less per serving
Low saturated fat	1 gram of saturated fat or less per serving
Trans fat free	0.5 grams of trans fat or less per serving
Lean	Less than 10 grams of fat, 4 grams of saturated fat, and 95 mg of cholesterol per serving
Light	1/3 fewer calories or 1/2 fat of the regular version, or no more than 1/2 the sodium of the regular version
Reduced	25% less of a specific nutrient, or 25% fewer calories than the regular version
High fiber	5 grams of fiber or more per serving
Low sodium	140 mg sodium or fewer per serving

Terms not approved by the Food and Drug Administration (FDA)

(Nutrition information for these terms varies from label to label)

Low carb FDA has not defined this term.

Net carb or impact carb The grams of remaining carbs after subtracting "sugar alcohols," "fiber," and sometimes "glycerin" from total carbohydrate grams.



Scan this QR code to access the Label Reading Video

Refer to page 6 for how to use the QR Code.

Carbohydrate Counting

Carbohydrate (carb) counting is a diet plan in which you aim for a certain number of carbs at each meal and snack. This helps you keep blood sugars in a healthier range. Carb counting is sometimes necessary when you are taking certain medicines. Your dietitian or diabetes educator can help you determine how many grams of carbs to eat—and when—to fit your lifestyle and preferences. Spacing your carbs evenly throughout the day will help keep your blood sugars under control.



**Scan this QR code to access
the Carb Counting Video**

Refer to page 6 for how to
use the QR Code.



Each example below is one serving of carbohydrate:

Fruit

- 1/2 cup unsweetened fruit juice
- 1 medium piece of fruit (about 2" wide)
- 1/2 banana
- 15 grapes
- 1 cup unsweetened berries

Dairy products

- 1 cup low-fat (1%) or skim milk
- 1 cup low-fat plain yogurt
- 1 cup "light" yogurt

Snack foods

- 8 animal crackers
- 3 graham cracker squares
- 3 cups popcorn (no butter)
- 1 small bag of chips
- 6 vanilla wafers
- 15 Teddy Graham Cookies™
- 8 Ritz Crackers™
- 5 Triscuit Crackers™
- 24 Cheese Nips/Cheez Its™
- 20 Wheatables (reduced fat)™
- 18 Munch'em Crackers™

Breads/cereals/grains

- 1 slice bread
- 1/2 english muffin
- 1 dinner roll
- 1/2 bagel
- 1 small muffin
- 1 cup cooked rice
- 1/2 cup cooked pasta
- 1/2 cup cornmeal
- 1 cup dry cereal (unsweetened)
- 1/2 plantain

Free foods (no carbs)

- coffee or tea
- diet soda
- Crystal Light™ or flavored water
- Boullion™ (fat-free)
- Sugar substitute (Equal™, Splenda™, Sweet and Low™)
- 2 tablespoons sugar-free syrup
- 2 tablespoons sugar-free jam/jelly
- 1 cup of raw vegetables

Healthy Snacks

Adding a snack into your day is a good idea if you find yourself going for long periods of time between meals, have low blood sugars, or if instructed by your diabetes care team. Snacking is especially helpful if your blood sugar is on the low end before a workout or physical activity.

Do I need to eat snacks?

- When there is a long time between your meals, snacks can keep your energy level up and keep you from feeling tired and shaky.
- If your blood sugar stays within your target range between meals, you do not need to snack.
- If you take medicine or insulin that contains neutral protamine hagedorn (NPH), then you may need a snack when the NPH is peaking.
- If you are trying to lose weight or keep to your current weight, snacking may not be the best option for you.
- If you are planning to be more active than usual, snacks can provide extra fuel.
- If you tend to overeat at your meals, planned snacks may help to control your appetite and prevent overeating.
- Some people may need to take additional insulin for snacks. Ask your dietitian or healthcare provider for more information.



A snack that pairs a carbohydrate with a protein or fat is a great combination to keep your blood glucose stable. Below are some examples you can pair together for a balanced snack.

Snacks that contain one carbohydrate serving (15g carbs)

Fruits

- 1 small-medium apple, orange, peach, pear, or other fresh fruit
- 1 small banana
- $\frac{1}{2}$ cup applesauce (unsweetened)
- $\frac{3}{4}$ cup pineapple pieces
- 1 cup of fresh fruit chunks or melon
- 15 grapes
- $\frac{1}{4}$ cup dried fruit
- 12 cherries (fresh)
- $1 \frac{1}{4}$ cup strawberries
- $\frac{3}{4}$ cup black/blueberries
- $\frac{1}{2}$ grapefruit

Grains

- 3 cups air-popped or low-fat microwave popcorn
- 5-6 whole grain saltine crackers
- 3 squares of whole grain graham crackers
- 18 small whole grain pretzel twists
- 2 whole grain pretzel rods
- 5 melba toast
- $\frac{1}{2}$ 6" whole wheat pita bread
- 2 whole-grain white cheddar rice cakes
- $\frac{1}{2}$ whole wheat English muffin
- $\frac{1}{2}$ oz. baked tortilla chips with $\frac{1}{4}$ cup salsa

Vegetables

- Celery with nonfat cream cheese and 2 tablespoons raisins or dried cranberries
- 2 cups raw vegetables and $\frac{1}{2}$ cup nonfat creamy dressing

Snacks that contain one lean protein serving (7g protein)

Proteins

- 1 mozzarella cheese stick (part-skim)
- 1 oz. turkey or chicken breast
- $\frac{1}{4}$ cup low-fat cottage cheese
- 1 cup skim or 1% milk
- 1 tablespoon natural peanut butter
- $\frac{1}{4}$ cup tuna (packed in water)
- 1 oz. low-fat luncheon meat
- 1 hard-boiled egg
- 2 tablespoons grated cheese
- $\frac{1}{4}$ cup low-fat ricotta cheese
- $\frac{1}{4}$ cup nuts (walnuts or almonds)
- $\frac{1}{4}$ cup seeds (sunflower, pumpkin)
- 1 oz. Canadian bacon
- 4 oz. tofu
- 6-8 oz. 'light' or nonfat yogurt (sweetened with non-caloric sweetener)



Meal Plan Ideas

You will find meal ideas below. You can personalize your meals by swapping out ingredients using the table to fit your tastes and traditions.

Breakfast: Pick 2 Carbohydrate Choices + Protein (Carbohydrate choices are in **bold**.)

Fruit	Starchy Vegetables	Dairy	Grain	Protein
½ cup of fresh fruit ¼ cup dried fruit, like raisins 1 small whole fruit	½ of a sweet or white potato ¼ of a plantain ½ cup corn ½ cup beans	¾ cup plain yogurt 1 cup dairy milk 1½ cups non-dairy milk (almond, soy, coconut)	½ cup of most cereals ¼ cup Grape Nuts or granola ¼ large bagel 1 piece of toast 1 tortilla (6 inches)	Eggs (whole or whites) Cheese/meat Nuts/nut butter Seeds

Example breakfast options: Feel free to add non-starchy vegetables!

- **Option 1:** 2 eggs with onions and peppers + 2 pieces of **toast**
- **Option 2:** ¾ cup plain **yogurt** + ¼ cup nuts + ½ cup **fresh fruit** or ¼ cup **granola**
- **Option 3:** 1 cup cooked **oatmeal** + 1½ cup **berries** + ¼ cup nuts
- **Option 4:** Scrambled eggs + slice of cheese + whole grain **English muffin**
- **Option 5:** 2 slices of whole grain **toast** + ½ avocado + 1 hard-boiled egg + sliced tomato

Snack: Pick 1 or 2 Carbohydrate Choices

If you are having only one snack, you can choose two. If you snack more than once per day, choose only one option at a time.

Fruit	Starchy Vegetables	Dairy	Grain	Protein
½ cup of fresh fruit ¼ cup dried fruit, like raisins 1 small whole fruit	½ of a sweet or white potato ¼ of a plantain ½ cup corn ½ cup beans	¾ cup plain yogurt 1 cup dairy milk 1½ cups non-dairy milk (almond, soy, coconut)	¼ large bagel 1 piece of toast 1 tortilla (6 inches) 15 wheat crackers 3 cups popcorn 10-15 tortilla chips	Hummus Eggs (whole or whites) Cheese Meat/fish/poultry Nuts/nut butter Seeds

Example snack options: Add non-starchy vegetables!

- **Option 1:** 15 whole-wheat **crackers** + 4 cubes of cheddar cheese (or 1 slice or 1 stick)
- **Option 2:** 3 cup **popcorn** + ¼ cup **dried fruit** + ¼ cup unsalted almonds
- **Option 3:** 1 **apple** or ½ **banana** + 1 tbsp nut butter
- **Option 4:** 1 cup carrot sticks + ¼ cup **hummus**
- **Option 5:** ½ cup **yogurt** + ½ cup **berries**

- **Option 6:** 5 **graham crackers** + 1 tbsp peanut butter
- **Option 7:** 15 **pretzels** (regular twists) + 1 tbsp nut butter
- **Option 8:** 2 **clementines** or 1 other **small fruit** + 4 cubes of cheddar cheese (1 slice, 1 stick)
- **Option 9:** 10-15 **tortilla chips** + salsa + avocado

Lunch/Dinner: Pick 3 or 4 Carbohydrate Choices (Carbohydrate choices are in **bold**.)

Fruit	Starchy Vegetables	Dairy	Grain	Protein
½ cup of fresh fruit	½ of a sweet or white potato	¾ cup plain yogurt	1 tortilla (6 inches)	Hummus
¼ cup dried fruit, like raisins	¼ of a plantain	1 cup dairy milk	1 slice of bread	Eggs (whole or whites)
1 small whole fruit	½ cup corn ½ cup beans	1½ cups non-dairy milk (almond, soy, coconut)	½ cup beans or lentils ½ cup corn, peas, or mashed potato 1⅓ cup baked beans ½ cup pasta 1⅓ cup rice	Cheese Meat/fish/poultry Nuts/nut butter Seeds

Example lunch options: Add non-starchy vegetables!

- **Option 1:** Salad with 3 cups lettuce, cucumbers and tomatoes + ½ cup **corn** or **garbanzo beans** + ¼ cup **dried cranberries** + 4 ounces of shredded chicken or tuna + 1 tsp oil + 1 tbsp vinegar + 15 wheat thin **crackers**
- **Option 2:** 1 large whole wheat **pita** + 2 tbsp hummus + 15 baby carrots + ½ cup sliced cucumbers + cheese stick
- **Option 3:** 1 small **tortilla** + 4 ounces shredded chicken + 1 tbsp salsa + 1⅓ cup **beans** + either ½ cup **corn** or 1⅓ cup **rice**
- **Option 4:** 2 slices whole-wheat **bread** + 2-3 tbsp of peanut butter + 1 small **banana** + carrot and celery sticks

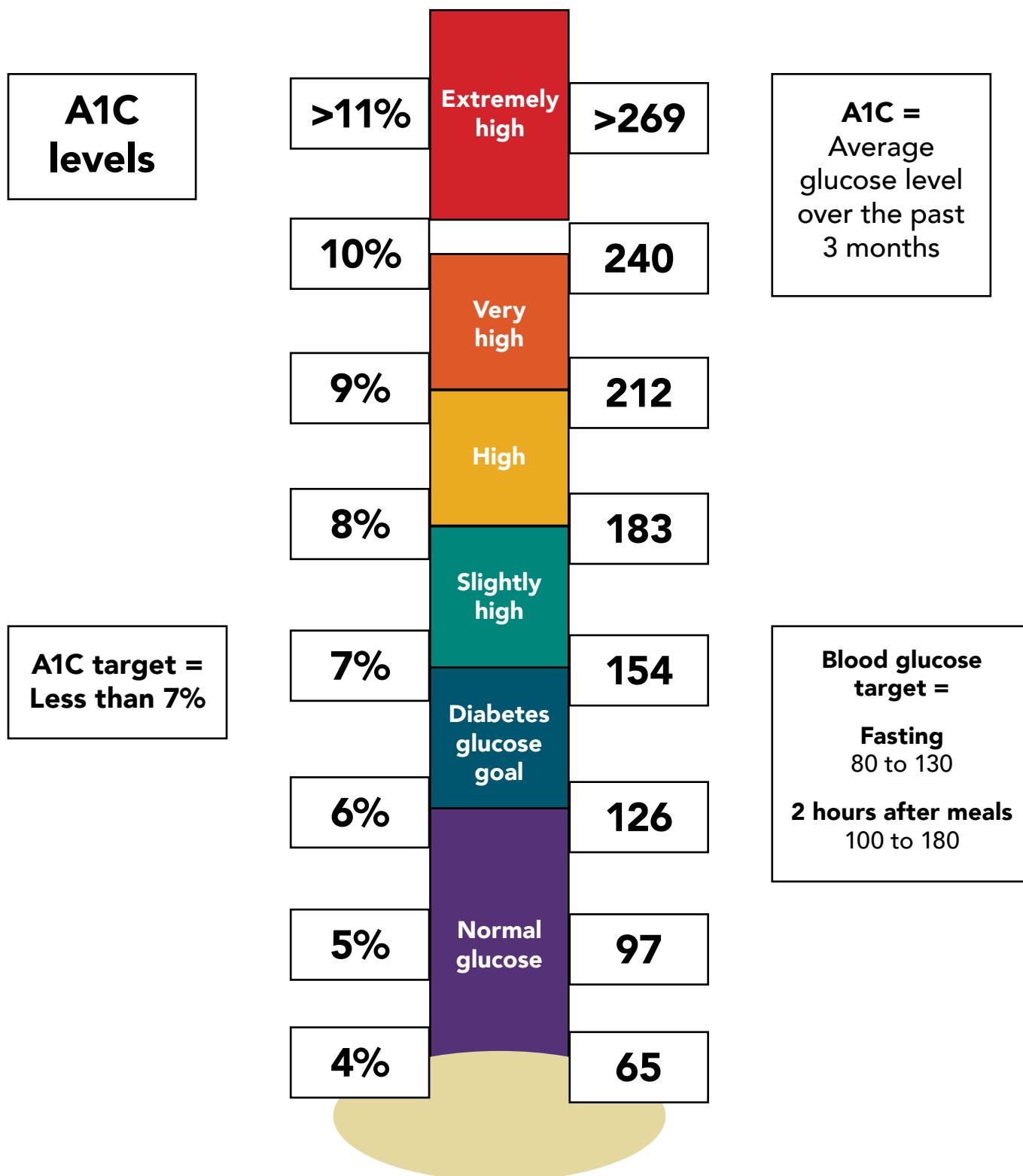
Example dinner options: Add non-starchy vegetables!

- **Option 1:** 4 ounces grilled salmon + 2 small **tortillas** + ½ cup **beans** + ½ cup **corn** + 2 tbsp salsa
- **Option 2:** 4 ounces chicken breast + 1 small baked **potato** + 1 tsp butter + 2 tbsp reduced-fat sour cream + 1 cup cooked broccoli + a small side salad + 1 tbsp dressing
- **Option 3:** 1½ cup **pasta** + 4 meatballs + 1 cup spaghetti sauce cooked with ½ cup zucchini
- **Option 4:** 1 cup stir-fried tofu, chicken, or fish + 2 cups cooked broccoli, carrots, and snap peas + 1 tbsp low-sodium soy sauce + 1 tsp canola oil + 1 cup of brown **rice**

Manage Your Blood Glucose



Know Your Glucose Control Target



All About Blood Glucose

Keeping your blood glucose (sugar) in your target range can prevent or delay the health problems caused by diabetes. Most of the steps you need to take to care for your diabetes are things you do on your own.

- Use a meal plan
- Be physically active
- Take your medicines
- Try to reach your blood glucose targets most of the time

Keep track of your blood glucose numbers using the results from your daily blood glucose testing and your A1C check. What's the best way to keep track of my blood glucose levels? Checking your blood glucose will tell you whether you're reaching your blood glucose targets. There are two ways to do it.

- Use a blood glucose meter to learn what your levels are at that moment
- Get an A1C check at least twice a year

What makes my blood glucose levels change?

Blood glucose levels rise and fall throughout the day. One key to taking care of your diabetes is understanding why it rises and falls. If you know the reasons, you can take steps to help keep your blood glucose on target.

What can make blood glucose rise?

- A meal or snack with more food or more carbs than usual
- Physical inactivity
- Not taking enough diabetes medicine
- Side effects of other medicines
- Infection or other illness
- Changes in hormone levels, such as during menstrual periods
- Stress

What can make blood glucose fall?

- Missing a meal or snack, or having a meal or snack with less food or fewer carbs
- Alcoholic drinks, especially on an empty stomach
- More activity than planned

ADA Targets for Blood Glucose

Before meals: 80 to 130 mg/dl

Two hours after the start of a meal: Below 180 mg/dl

Using a blood glucose meter

Many people use a blood glucose meter to check their levels several times a day. Ask your healthcare team when and how often to check your blood glucose. They can give you a record book to keep track of your blood glucose numbers. You can learn how to use your numbers to make choices about food, physical activity, and medicines.

Your results tell you how well your diabetes care plan is working. You'll be able to look at your record book and see patterns by looking for similar results that repeat. Looking at these patterns can help you and your healthcare team fine-tune your diabetes care plan to help you reach your targets.

Getting an A1C check

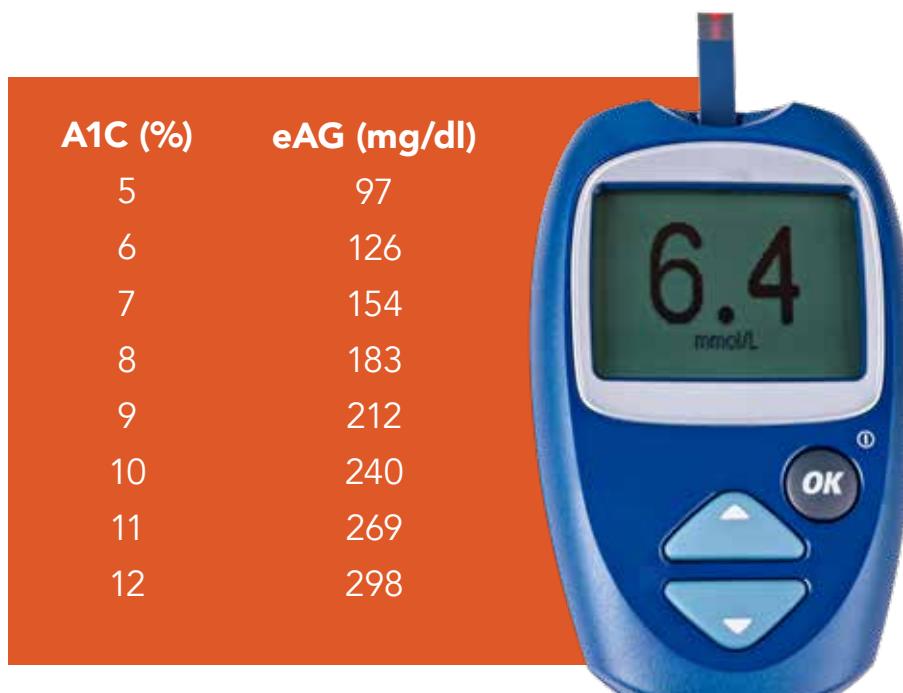
The A1C tells you your average blood glucose level over the past 2 to 3 months.

Your results will be reported in two ways:

- A1C as a percentage
- Estimated average glucose (eAG), in the same kind of numbers as your day-to-day blood glucose readings Ask your healthcare team for this test at least twice a year. If your average blood glucose is too high, you may need a change in your diabetes care plan.

What does my A1C number mean?

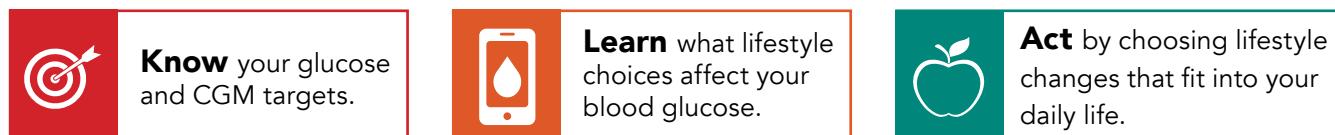
Find your A1C number on the left. Then, look at the number on the right under eAG to see your estimated average glucose for the past two to three months.



Continuous Glucose Monitoring (CGM)

Helping you make lifestyle choices for improved glucose management

Use this guide to:



Know your targets

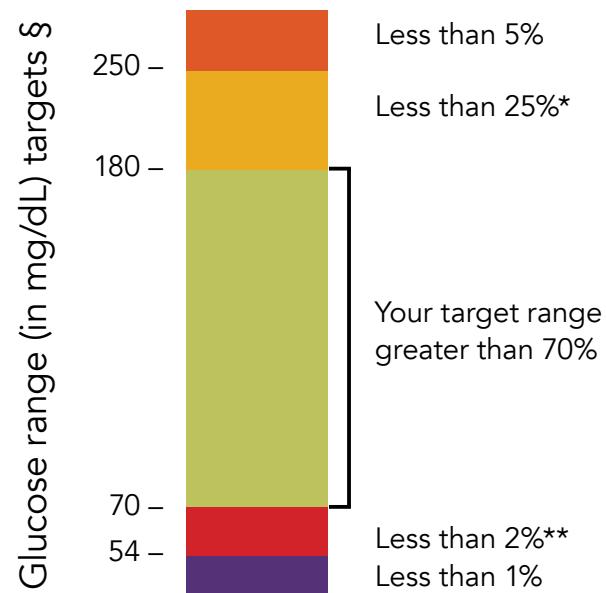
Glucose Targets

Fasting and before a meal	1 to 2 hours after a meal
70 to 130 mg/dL	Less than 180 mg/dL

Glucose rises after eating and is highest 1 to 2 hours after a meal or snack.

Goals for time in ranges

Time in range refers to the time you spend with your blood glucose levels in your target range (between 70 mg/dL and 180 mg/dL for most people).



§ Target ranges may differ in pregnancy and for older adults

* Includes percentage of values greater than 250 mg/dL

** Includes percentage of values less than 54 mg/dL

- Goal is to have more green and less red.
- The more time you spend in the 70-180 mg/dL (green bar) range reduces your risk of complications.

Using CGM trend arrows

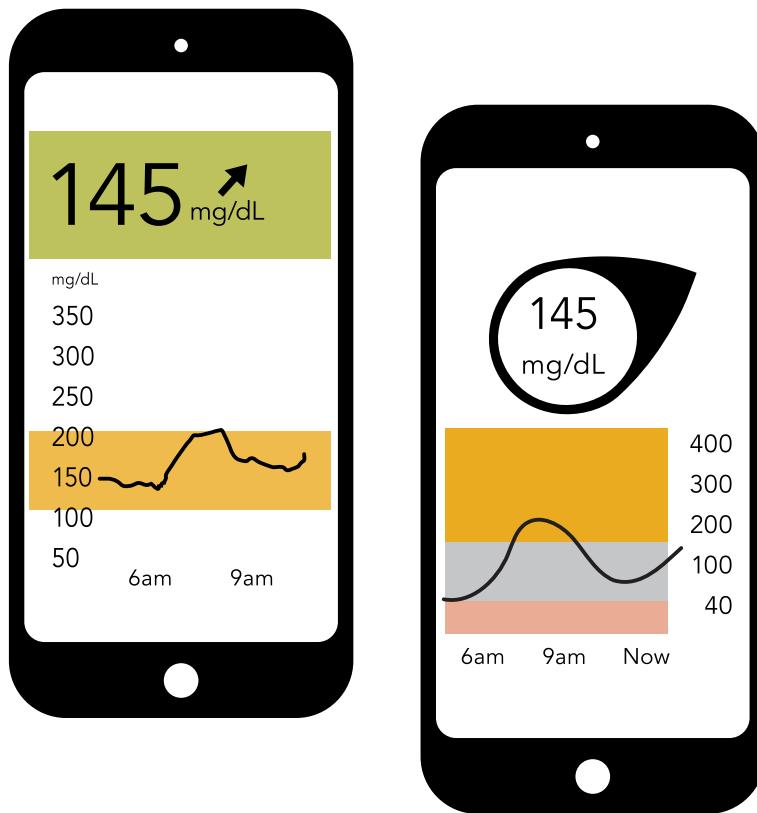
Use the trend arrows on your CGM to see how your glucose is changing and help you make lifestyle changes.



Getting started

- Look at your CGM glucose readings often during the day. The more you look the more you learn. Best times include:
 - > Waking up and before bedtime
 - > Before meals and 1 to 2 hours after meals
 - > Before and after physical activity
 - > When stressed or ill, look every 2 to 3 hours
- CGM and fingerstick testing values may differ, especially when blood glucose is rising or falling. CGM values tend to lag behind actual blood glucose levels by a few minutes.
 - ~ If your symptoms don't match your CGM values, use a fingerstick test to guide your treatment decisions.

Sample CGM Display on your Smart Phone



Hyperglycemia (High Blood Glucose)

Causes: Too much food, too little insulin or diabetes medicine, illness, or stress.

Onset: Often starts slowly.

Ranges for hyperglycemia:

- Above 130 after fasting
- Above 180 2 hours after eating

Possible symptoms

- Dry skin
- Frequent urination
- Hunger
- Blurry vision
- Slow healing wounds
- Thirst
- Feeling drowsy

VERY HIGH BLOOD GLUCOSE MAY LEAD TO
A MEDICAL EMERGENCY IF NOT TREATED.

What can you do?

- Check your blood glucose!
- If your blood glucose levels are higher than your goal for three days, and you don't know why, call your healthcare provider.

Hypoglycemia (Low Blood Glucose)

Causes: Too little food or skipping a meal, too much insulin or diabetes medicine, or more activity than usual.

Onset: Often starts suddenly.

Ranges for hypoglycemia:

- Less than 70 anytime

Possible symptoms

• Feeling shaky	• Dizzy
• Fast heartbeat	• Anxious
• Sweating	• Hungry
• Irritable	• Headache
• Weakness & Fatigue	• Blurry vision

IF LOW BLOOD GLUCOSE IS NOT TREATED, YOU MAY PASS OUT AND NEED MEDICAL HELP.

What can you do?

- Check your blood glucose right away. If you can't check, treat it anyway.
- Eat 3-4 glucose tablets or 3-5 hard candies you can chew quickly (such as peppermints), or drink 4 ounces of fruit juice, or 1/2 can of regular soda.
- Check your blood glucose again after 15 minutes. If it is still low, treat again. If symptoms don't stop, call your healthcare provider.

Diabetic Ketoacidosis (DKA)

What is it?

When your blood becomes more acidic, it can cause health problems. You might have trouble breathing or become very dehydrated. In severe cases, some people can go into a coma. DKA can occur rapidly, sometimes within hours. If correcting high blood sugar doesn't work, try using a different method (such as a shot with a pen or syringe). Checking, and possibly changing, your insulin delivery set may be necessary.

How is it diagnosed?

DKA is found through blood tests that show your blood is more acidic than it should be, and there are ketones present. You may also have changes in the levels of sodium and potassium in your body. Normally, DKA is associated with high blood glucose levels, but if you're dehydrated or unwell it can also trigger DKA. It's not just about high blood sugar; it involves a combination of factors detected through blood tests.

Causes of DKA

- **Infections or severe illness:** When your body is stressed due to illness, it needs more insulin to control high blood sugar.
- **Not taking enough insulin:** Forgetting or intentionally not taking insulin to cover the carbohydrates you eat can trigger DKA.
- **Issues with insulin delivery:** Problems with insulin pumps, like a dislodged or kinked cannula (the small tube connecting you to the pump), can limit or stop insulin delivery, leading to DKA.
- **Insulin quality:** If insulin is exposed to extreme temperatures, it can go bad. Leaving insulin in a hot car or freezing it due to cold weather or a too-cold refrigerator can be problematic.
- **Delayed diabetes diagnosis:** Sometimes, diabetes is not diagnosed promptly, as symptoms like weight loss, thirst, and frequent urination can be mistaken for other illnesses like the flu or urinary tract infection.

Tips to prevent DKA

- Always take your insulin. Even if you do not eat, you still need your insulin. If you are eating foods with carbohydrates, you'll need insulin to cover them.
- Check your blood glucose. Check your levels regularly, especially before meals and before bedtime. Alternatively, consider using a continuous glucose monitor (CGM).
- Monitor ketones. Keep urine keto sticks or a blood ketone monitor with your supplies. If your blood glucose stays above 240 mg/dL, check for ketones. If they're moderate or large, contact your diabetes healthcare team. If they're trace or small, take insulin every 2-3 hours and drink fluids.
- Contact your diabetes team if you can't bring down your blood glucose levels or if you vomit or feel nauseated. This is especially important if you're on an SGLT2 oral medicine.
- Prevent flu. Get your flu shot every year to stay healthy, as the flu can lead to DKA.
- Prepare for insulin pump issues: have a written back-up plan for multiple daily injections if your pump isn't working correctly. You should discuss this plan with your diabetes team before you get sick.
- If you are taking SGLT2 medicines: Even if your glucose levels are normal, you can still have DKA, so test for ketones if you're feeling ill. Avoid taking SGLT2 medicine if you're dehydrated, planning a strenuous event, on a severe carb restriction, or are ill.



Symptoms of DKA

- ✓ Very thirsty
- ✓ Frequent urination
- ✓ Nausea and vomiting
- ✓ Drowsiness
- ✓ Trouble breathing
- ✓ Fruity smell to the breath
- ✓ Stomach pain
- ✓ Can lead to a coma if not treated

Ketones

How do you test for ketones?

You dip a special test strip for urine ketones in a sample of your urine. If there is a color change on the strip, there may be ketones present. The color result indicates a small, medium, or large amount of ketones.

If the results are trace or small amount of ketones:

- Drink 8 oz. of water every hour.
- Test your blood sugar and ketones every 3-4 hours.
- If your blood sugar is more than 240 mg/dL and you have ketones, DO NOT exercise until this number improves. Contact your healthcare provider.
- If your blood sugar and ketones do not go down after two tests, call your healthcare provider.

If the results are moderate or high ketones:

- Call your doctor IMMEDIATELY or seek care right away.
- Continue testing your glucose and ketones every 2 hours until cleared.
- Drink a glass of water every hour. Ketoacidosis can quickly develop into a very serious problem, diabetic ketoacidosis (DKA).

Early signs of DKA include:

- Nausea or vomiting
- Rapid breathing
- Fruity smelling breath

Some medicines can cause the symptoms of DKA without elevated glucose. Be sure to ask your healthcare provider if you should check for ketones regularly.

What Is a Sick Day?

A sick day is when you have a surgery, injury, or illness like the flu, an infection, nausea, vomiting, diarrhea, or a cold. Knowing what to do when you are sick is important when you have diabetes because your insulin or medicine needs may change.

- Your body reacts to sickness by releasing hormones that help you fight illness. These hormones may cause your blood sugar levels to rise and keep your diabetes medicines from working well.
- You may be drinking or eating less than usual or you may be vomiting. If you become dehydrated, it can change how your medicines work.

Foods and fluids to have when you are sick, if able to eat:

- Drink 4 - 8 oz. of fluid every 1- 2 hours. You need extra fluids to prevent dehydration.
- Calorie-free, caffeine-free liquids are best (water, diet soda, broth).

If you are having difficulty eating:

Eat or drink 15 grams of carbohydrates every hour. These foods have 15 grams of carbohydrates:

• ½ cup pudding	• 1 cup soup
• 1 regular popsicle	• 6 saltines
• ½ cup regular Jello	• 1 cup milk
• 8 oz. Gatorade	• 3 graham cracker squares
• ½ cup applesauce	• ½ cup ice cream
• ½ cup yogurt	• 1 slice of toast

Sick Day Guidelines

You may need to stop some oral medicines if you are sick. Do not take metformin (Glucophage) or SGLT2 inhibitors Empagliflozin, Jardiance, Canagliflozin (Invokana) or sulfonylureas (glipizide, glimepiride) if you are vomiting or not eating and drinking well.

Call your doctor if you are not sure which medicines to take

- Check your blood sugar often (every 2- 4 hours), day and night.
- If you take insulin, you may need extra insulin when you are sick, check for urine ketones if your blood sugar is over 250 mg/dL and you have type 1 diabetes or ketosis prone diabetes.
- If you are vomiting and have diarrhea, you may need less insulin.

When to call your provider

- You have a fever higher than 100F for more than 24 hours that does not improve with acetaminophen (Tylenol).
- You have been vomiting or having diarrhea for more than six hours.
- You have a blood sugar of 250 mg/dL or higher that does not get better with extra insulin and fluids for more 24 hours.
- You have moderate to large ketones in your urine (type 1).
- You have stomach pain or difficulty breathing.
- You are unsure of what to do.
- Get emergency care if you cannot reach your healthcare provider.

Medicine for Diabetes



Diabetes Medicines

You may take one or more diabetes medicines to help manage your diabetes. Each type works in a different way to help lower your blood glucose. Diabetes pills are mostly prescribed for people with type 2 diabetes, while people with type 1 diabetes usually take insulin.

Diabetes Pills

There are many types of pills available, and some people may take more than one type.

Diabetes pills work best when you eat healthy foods in the correct amounts, are physically active every day, manage your stress levels

Try to take your pills at the same time every day, and do not take more or less medicine without talking to your doctor first. If you start to feel sick, call your doctor. You should not take some medications when you are feeling ill. Your doctor can tell you which ones these are.

For a list of common diabetes pills, please see page 64.

GLP-1s

GLP-1 agonists are medicines that help lower blood sugar levels and promote weight loss. There are many different types and they are most often given by injection. Your healthcare team can help you decide if they might be right for you. **For a list of common GLP-1s, please see page 66.**

The most common side effects include:

- Constipation
- Diarrhea
- Nausea
- Indigestion
- Loss of appetite
- Abdominal pain
- Dizziness
- Sweating
- Pain at the injection sites

Be sure to reference the chart below if you are unsure of the symptoms of low blood sugar, especially when using GLP-1s. These medicines work to reduce your blood glucose. If you notice any of these symptoms, talk to your healthcare provider.

Symptoms of low blood sugar	Treatment
Shakiness, sweating, dizzy, weakness, hunger, blurred vision, confusion, increased heart rate, irritable	15 grams of fast-acting carbohydrates: 4 glucose tabs, 6 gummy bears, 4 oz. of juice or soda, 8 oz. of skim milk

**Scan this QR code
to access the
GLP-1 Pen Video**

Refer to page 6 for how to use the QR Code.



My Diabetes Medicines Schedule

Breakfast	Lunch	Dinner	Bedtime

Insulin

All people with type 1 diabetes need to take insulin, especially if they have had diabetes for a long time. If you have had diabetes for a while, you may need to take insulin to feel better and stay healthy. Insulin is not taken as a pill—it must be injected or given through a pump. **For a list of common types of insulin, please see page 62.**

How to read a syringe

It is important to ensure you are taking the correct dose of insulin. The lines on a syringe indicate how many units of insulin you are taking, but not all syringes are the same. Be sure to ask your healthcare provider what size syringe you are using and how to read them accurately.

Be sure to check the number of units of your syringe.



How do you use insulin?

Insulin works best when injected into a fatty part of the body just under the skin. Common places to inject insulin include:

- Back or sides of the upper arms
- Stomach, but not within 2 inches of the belly button
- Outer part of the upper leg (thigh)

Before you start using insulin, ask your doctor how to:

- Prepare insulin
- Inject insulin
- Change the area where you inject insulin
- Store insulin

Scan this QR code to access the What is Insulin Video

Refer to page 6 for how to use the QR Code.



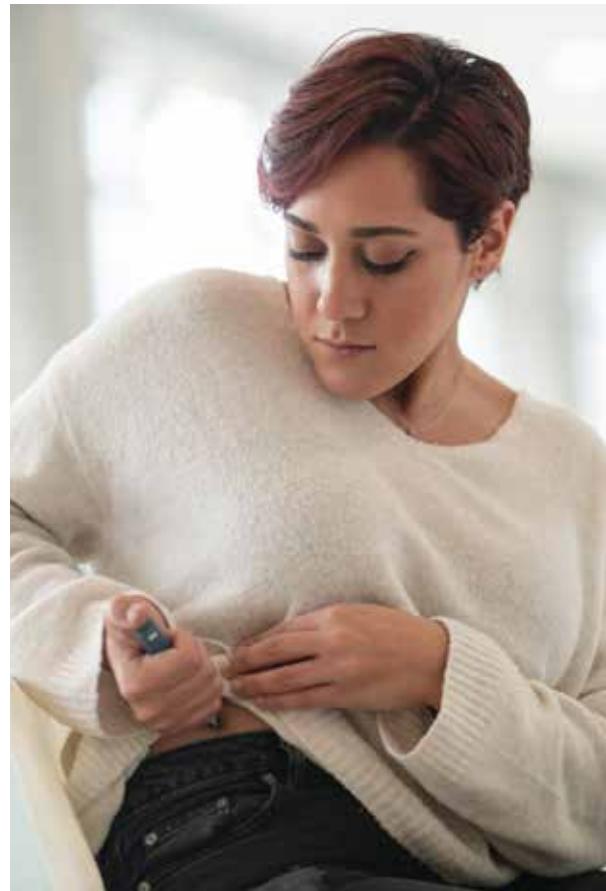
How to Use an Insulin Pen

Choose the site to inject:

- Back of upper arm
- Stomach (around belly button)
- Front and side of the thighs
- Rear end (buttocks)

- **Stay 1 inch away from the last few injection sites.**
- **Stay 2 inches away from the belly button and any scars.**
- **Do not inject areas that are bruised, tender, swollen, or hard to the touch.**

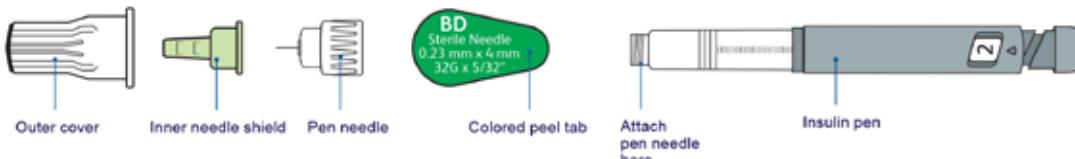
1. Clean the skin with an alcohol pad. Let it air dry.
2. Take cover off the pen.
3. If you are using a cloudy insulin, gently roll the pen between your hands to mix the insulin.
4. Use the alcohol to clean the end of the pen where the needle twists on.
5. Peel back the cover on the needle. Screw the needle onto the pen. The needle should be snug but not too tight.
6. To clear the air out of the pen: Remove the cap from the needle, turn the dose dial to 2 units, hold the pen so the needle is up in the air, push the end of the pen into clear the air, watch the tip of the needle for a drop of insulin. You may need to do this more than once to see the drop of insulin on the needle.
7. To set your dose of insulin, turn the dial clockwise until you see the number for your insulin dose.
8. Pick a fatty skin area to inject. If you are a thin adult or child or you are using a large needle pen (over 6 mm), HOLD a pinch of skin before you use the pen.
9. Push the pen needle into the skin in a straight, quick motion. Be sure the needle is all the way into the skin before you inject the insulin.
10. Using your thumb, push the end of the pen down until the dial reads zero. Release the pinched skin.



Insulin Pen

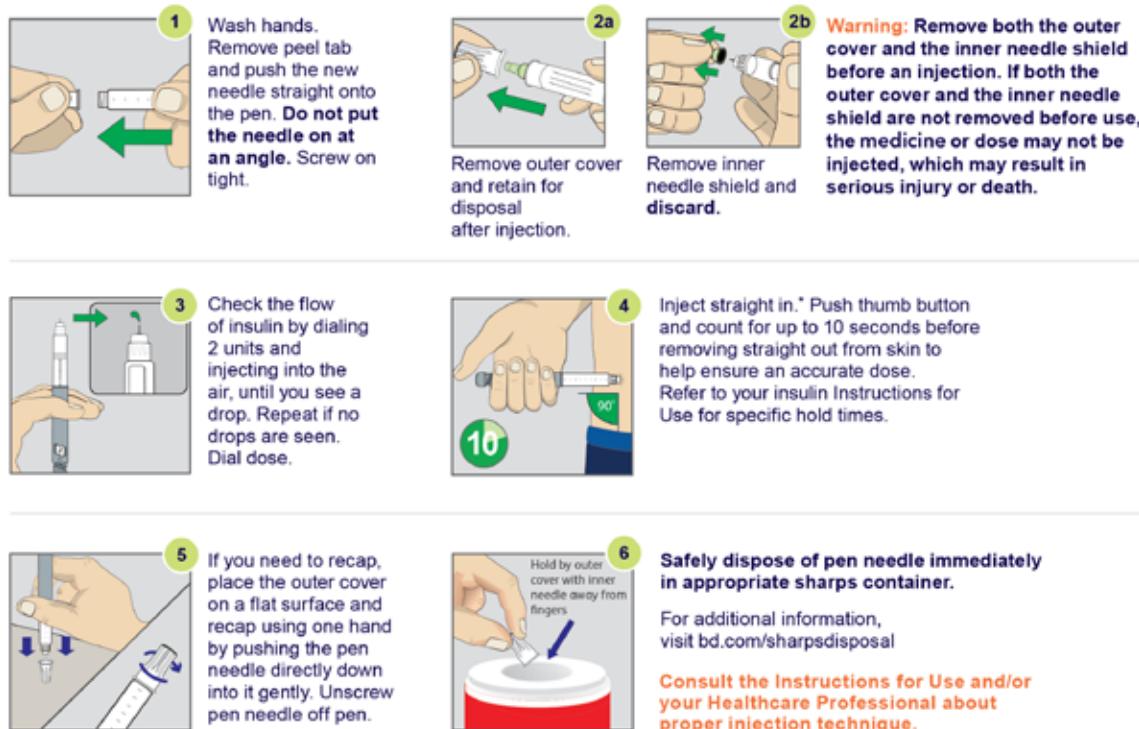
4 mm pen needle

Parts of a pen needle



How to inject with a 4 mm pen needle

Please be sure to consult the pen manufacturer's instructions for injection of subcutaneous drugs other than insulin, as well as for additional preparation steps for insulin injection, including but not limited to removing the pen cap, dosage dialing and skin cleaning.



Each time you refill your insulin, remember to check if you need a refill of pen needles, too.

embecta, formerly part of BD

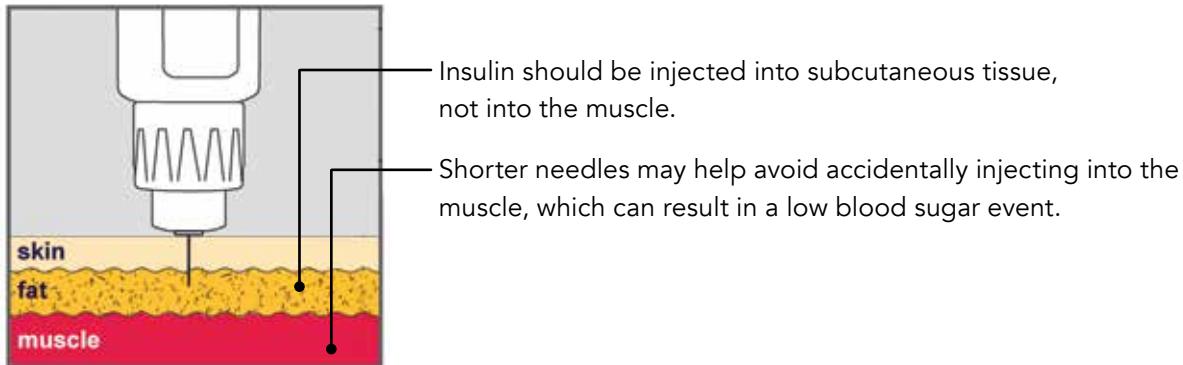


*Patients ages 2-6, or those who are extremely lean may require a pinch-up.

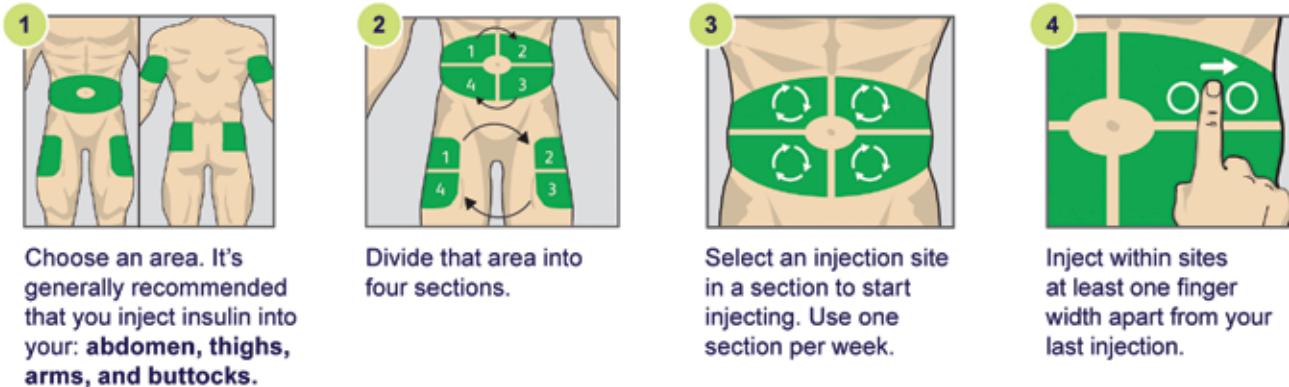
Tips for Good Injection Practice

Diabetes experts recommend using a new pen needle with each injection. Pen needles should be used **only once and are no longer sterile after that.** Reusing the same needle has been associated with injection pain and increased risk of developing unhealthy tissue at the injection site.

Why is it recommended to use a short needle?



Injection site rotation can help lower the risk of developing lipohypertrophy. **This is a buildup of fat below the surface of the skin, causing lumps.** Talk to your diabetes care team about the best injection areas for you.



Be prepared with a new pen needle for every injection

- Remember to pack extra pen needles when you're "on the go," so you are always ready to inject with a new needle.
- Each time you refill your insulin, ask your pharmacy team if you need a refill of pen needles.
- Talk to your pharmacy team to see if putting your pen needles on auto-refill is right for you!

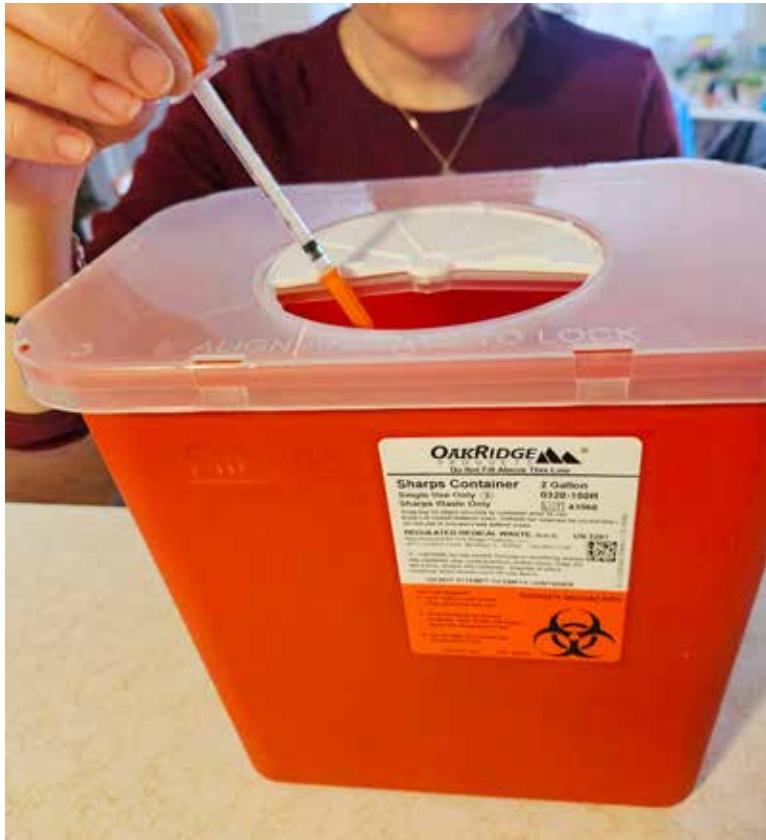
Safe Needle Disposal

“Sharps” is a medical term for devices, such as needles, that can puncture the skin. Massachusetts residents must take sealed containers of used sharps to a drop-off site or arrange a mail-back service. You can visit SafeNeedleDisposal.org and enter your ZIP code search to locate container disposal options near you. If there is no disposal program near you, contact your local health department or solid waste department.

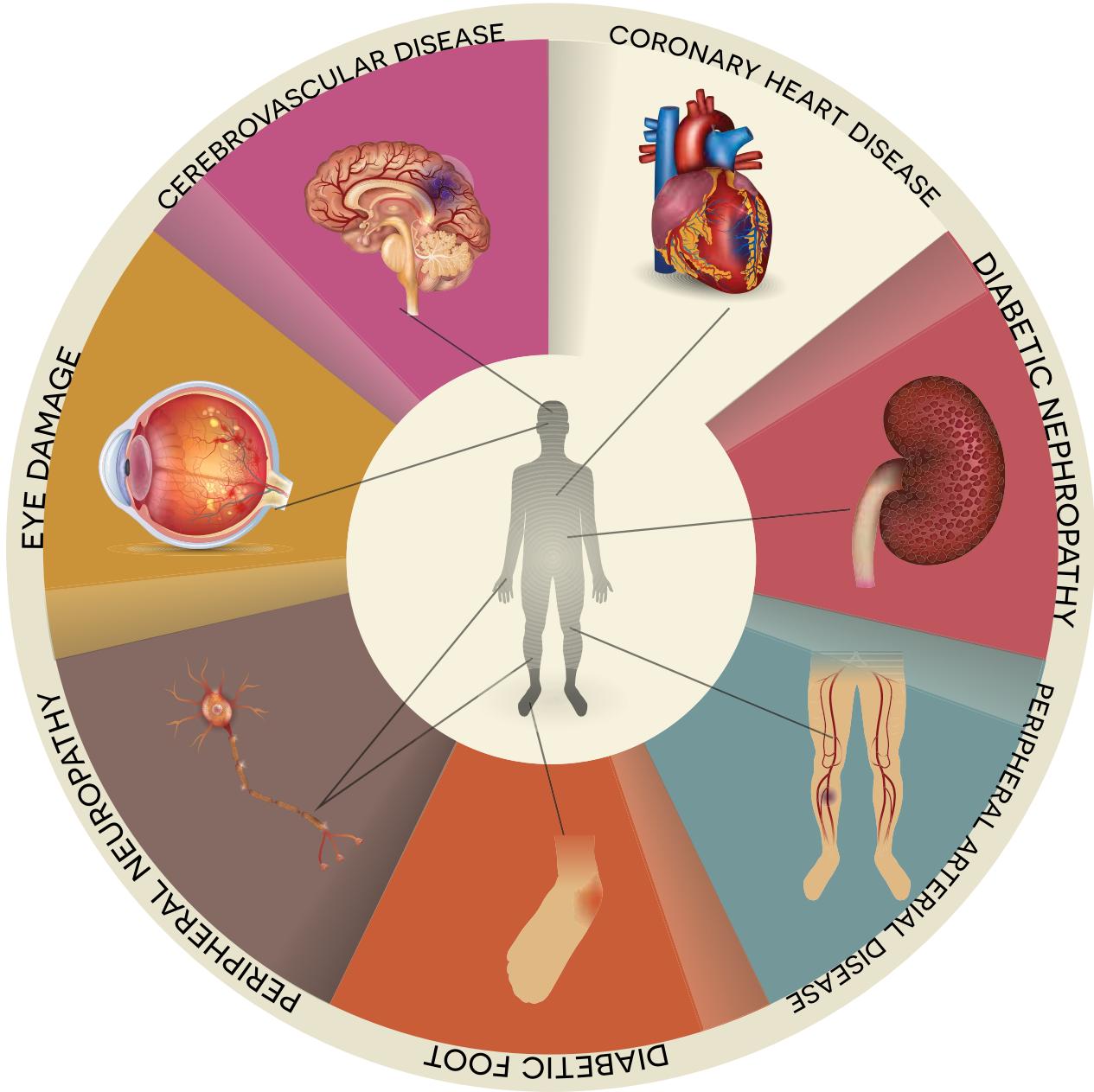
Sharps that retract after use, or are very small, should be disposed of like all other sharps.

Put used sharps in a strong, plastic container or needle clipper. When full, dispose of it at drop-off site or through mail-back service.

Never throw used sharps, loose or in a plastic container, into the trash or toilet, and never recycle.



Manage Diabetes Complications



Tips for Reducing Diabetes Complications

You can help reduce your risk of developing complications from diabetes by making lifestyle changes.. Follow these tips:

Quit smoking: Smoking can double your risk of heart attack and death. But, after just 24 hours of quitting, your risk decreases. After a year, it can decrease by half! After five years of not smoking, your stroke risk is the same as someone who does not smoke. It's never too late to stop smoking and improve your health.

Lose weight: If you are overweight or obese, losing 5 to 7 pounds for every 100 pounds of body weight can reduce your disease risk. Losing weight can make your body more sensitive to insulin, so you may be able to control your diabetes without medicine.

Reduce blood glucose: The health of your gums and teeth are connected to high blood glucose. The more glucose in your blood, the more glucose in your saliva, which can cause oral health problems. It can also make managing your diabetes much more difficult and increase your risk of heart disease. Brushing your teeth and flossing regularly can also help keep your mouth and heart healthy.

Check-up type	When to get checked
Vaccines	Ask your healthcare providers to make sure you have the vaccines you need. You may need a vaccine or booster for COVID 19, pneumonia, tetanus, hepatitis B or influenza (flu).
Foot exam	Have your feet examined at least once a year.
Dilated eye exam	Have an eye exam every 1 to 2 years.
Dental exam	Have an exam twice a year.
Hearing loss	Have an exam at least once every year.
Sleep apnea	If you are tired during the day or snore while sleeping, ask your doctor about getting tested for sleep apnea.
Depression	Talk with your doctor if you are struggling with managing your health, no longer find joy in activities, or if you have a change in appetite or sleep.

Foot Care

How can diabetes hurt my feet?

People with diabetes are at risk for bad foot infections. Nerve damage can occur when there is too much sugar in the blood for too long. This nerve damage reduces feeling in your feet. You may not feel pain, or hot or cold. You could hurt your foot and not even know it. With less feeling in your feet, you may walk a little bit differently, which can cause calluses. These calluses may get infected. Sometimes diabetes can cause less blood to flow to your legs and feet. This might make it hard for a sore on your foot to get better.

What happens if I get a sore on my foot?

People with diabetes can get a sore on their foot and not even know it. If the sore gets infected and you do not take antibiotics, it could get worse. Sometimes the sore may never heal. In severe cases, the sore can get gangrene. If this happens, the sore may turn black and smell bad. To keep gangrene from getting worse, the doctor may need to cut off (amputate) the affected area.

How should I take care of my feet?

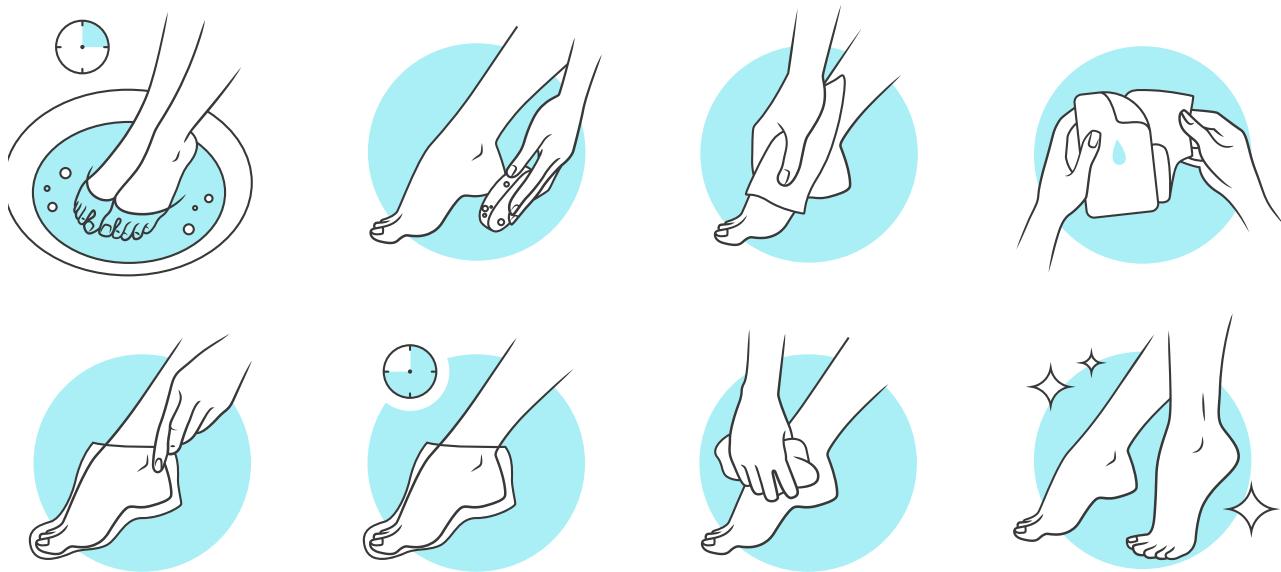
- Check your feet every day. Look for sores, cuts, blisters, or redness, especially in between the toes. If you cannot see your feet, use a mirror to check them or have a family member or friend check them for you.
- Keep your feet clean and dry. Wash them with **WARM** (not hot) water every day. To check the temperature, dip your elbow in the water. You may not know the water is too hot if you put just your feet in it. Dry your feet thoroughly, especially between the toes, to prevent fungus.
- Make sure to keep your toenails cut. It's best to trim them after a bath when they are soft. Cut them straight across and keep them short. Many people with diabetes see a foot doctor (podiatrist) every three months to cut their nails.



- If you have any corns, cuts, swelling, redness, fungus, or ingrown nails, see your foot doctor for treatment. Don't let your feet get too dry or cracked. If they are very dry, rub moisturizer on them after you get out of the shower or bath.
- See your foot doctor regularly. Get a foot exam at least once a year and make an appointment if you have any swelling, redness, tingling, numbness, or discoloration in your feet.
- Do not walk barefoot. Always wear shoes or slippers.
- Do not wear your shoes without socks. Socks will keep your feet dry and help protect them from sores or cuts. Wearing white socks might make it easier to notice blood or drainage from your feet.
- Make sure your shoes fit well so you don't get blisters or sores.
- If you see any changes in your feet, tell your doctor right away.

What else can I do so I don't get a foot infection?

- Keep your blood sugar under control. Too much sugar in the blood may feed the germs that cause a foot infection.
- Stop smoking. Smoking can decrease the blood flow to your legs and feet.
- Speak with your doctor if you have any questions about foot care.



Nerve Damage

Nerves send messages between your brain and different parts of your body. When you have diabetes, you may develop damage to your nerves, known as diabetic neuropathy. This complication of diabetes is more common if you have had diabetes for a long time. There are two main types of diabetic neuropathy:

- **Peripheral neuropathy:**

Causes tingling, pain, numbness, and weakness in the feet and hands.

- **Autonomic neuropathy:**

Can lead to various issues, including digestive problems, bladder problems, sexual difficulties, dizziness, sweating, and altered responses to warning signs like a heart attack or low blood glucose.

Diagnosing nerve damage can be challenging due to mild symptoms or confusion with other conditions. If you think you have neuropathy, discuss your symptoms with your doctor.



Heart Health

When you have type 2 diabetes, it's important to take care of your heart health so you can manage your risk for heart disease. Adults with type 2 diabetes are two times more likely to have a heart attack or stroke than those without diabetes.

Diabetes increases your risk for developing heart disease by causing damage to your blood vessels and nerves. Having other health conditions like high blood pressure, high cholesterol, or being overweight can also increase your risk for heart disease. Your risk of heart disease and stroke increases the longer you have diabetes.

Schedule regular check-ups with your healthcare provider to help keep your diabetes under control and manage your risk of heart disease.

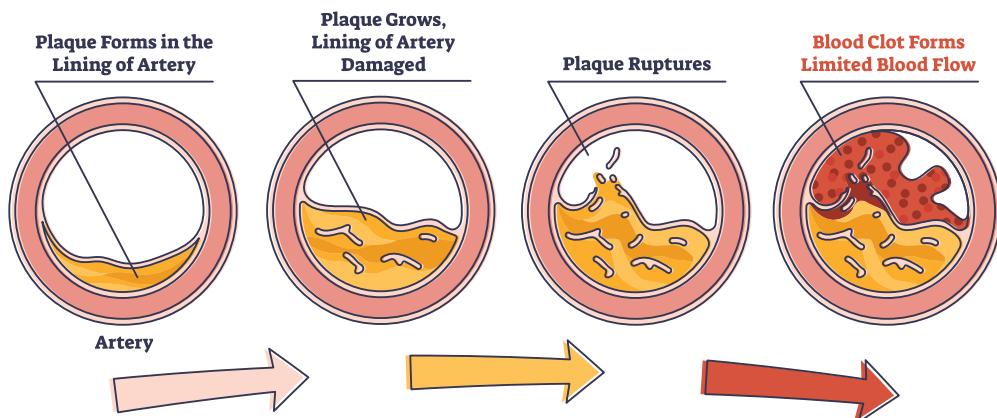
Cardiovascular disease (CVD) is a health issue that affects the heart and blood vessels. Almost every part of your body has blood vessels, and proper blood flow is essential for tissues and organs to function correctly. CVD is the leading cause of death among people with diabetes, according to the Centers for Disease Control and Prevention (CDC). When you have type 2 diabetes, it's important to take care of your heart health so you can manage your risk for CVD. Adults with type 2 diabetes are two times more likely to have a heart attack or stroke than those without diabetes.

Having diabetes increases your risk for CVD by causing damage to your blood vessels and nerves. Having other health conditions like high blood pressure, high cholesterol, or being overweight can also increase your risk for CVD. Your risk of heart disease and stroke increases the longer you have diabetes.

Many people do not know they have CVD until they have a heart attack or stroke. Managing blood glucose, blood pressure, and cholesterol through healthy eating, regular physical activity, and following prescribed medicines are crucial steps to protect your heart.

Symptoms of CVD:

- Shortness of breath
- Fatigue
- Pain in your chest, neck, throat, jaw, back, upper abdomen, legs and arms
- Weakness or numbness in your arms or legs



Your Kidney Health

Kidney disease or chronic kidney disease (CKD) is one of the most common complications of diabetes. CKD is a silent disease, often not having symptoms until it's too late to do anything about the damage. If you have type 2 diabetes and develop CKD, you are three times more likely to have a heart attack or stroke.

The good news is that you can control many of the risk factors for kidney disease. You can also get regular tests to find out if you have kidney damage. There are two main types of tests for kidney disease:

- Urine albumin-to-creatinine ratio (UACR) test
- Estimated glomerular filtration rate (eGFR) test

Take steps to prevent kidney disease

When you have diabetes, taking steps to prevent kidney disease is crucial. Here are a few ways you can take control of your kidney health:

1. Control your blood pressure:

Keep your blood pressure in check (aim for less than 140 over 90). Talk with your doctor about medications for blood pressure. There are various medicines for blood pressure, but ACE inhibitors are particularly effective. They control blood pressure and also slow down the progression of kidney disease. Some people without high blood pressure may also take them to protect their kidneys. Another type of blood pressure medicine, called angiotensin receptor blockers (ARBs), can also help protect kidney function.

2. Manage your blood glucose:

Talk with your doctor the best blood glucose targets for you.

3. Take your medicines as prescribed:

Follow your doctor's advice and take all your medicines exactly as your doctor tells you. Don't change doses or stop taking any medicines without talking with your doctor first.

4. Have regular checkups and tests:

Schedule regular checkups with your healthcare provider. Get your kidney function checked at least once a year.

5. Find an eating plan that works for you:

Work with your doctor or dietitian if you need help.

By taking these steps, you can help prevent kidney disease or slow down its progression if you already have it.

What is the UACR test?

Your cardiovascular health can take a turn when your diabetes gets out of control. A urine albumin-to-creatinine ratio (UACR) screening is a test conducted annually that can be used to identify early signs of kidney disease. The test assesses the amount of albumin in your urine. Albumin is a type of protein, and too much of it in your urine can be a sign of kidney disease.

What do the numbers mean?

An albumin level of 30 or above means you may have kidney damage. If you test at this level, talk to your doctor about a treatment plan. You'll do regular UACR tests to check your kidney health during treatment. You will know the treatment is working if your albumin levels lower.

How often should you take a UACR test?

- If you have type 2 diabetes, you should take it once a year.
- If you have had type 1 diabetes for at least five years, you should take it once a year.
- If you've had high test results, you should take it more often. Check with your doctor.

What is the eGFR test?

An estimated glomerular filtration rate (eGFR) test is a blood test to check the health of your kidneys. The test assesses your creatinine level. Creatinine is waste product of digestion and breakdown of muscle tissue that is normally excreted in the urine and cleared from the blood. However, if the kidneys are not functioning fully, creatinine levels in the blood will increase. Your eGFR number helps you and your doctor understand how well your kidneys are working.

What should my numbers be?

An ideal number for the eGFR is between 90-120.

- If your eGFR is between 60-89 it may indicate early-stage kidney disease. Talk to your doctor about how often to get tested and how to keep your kidneys healthy.
- If your eGFR is below 60, you may have kidney disease. Talk to your doctor on how to improve your health.
- If your eGFR is below 15, your kidneys are likely failing. Discuss treatment options with your healthcare provider.

When should you get your eGFR test?

If you have type 2 diabetes, test once a year. If you have had type 1 diabetes for at least 5 years, test once a year you. If you have had signs of kidney damage, get tested twice a year.

Eye Care

Diabetes affects the entire body, and if not managed properly, it can lead to complications, including damage to blood vessels and nerves in the eyes. Diabetic eye disease is not a single condition but a group of problems that can occur in those with diabetes.

Diabetic retinopathy

When you have diabetes, it can harm the small blood vessels in the retina, the layer at the back of the eye, which can affect your vision. This condition is known as diabetic retinopathy. Diabetic retinopathy has two main stages: nonproliferative and proliferative.

- In **nonproliferative retinopathy**, small areas of swelling occur. The blood vessels in the retina start to leak. This leakage can lead to inadequate circulation, oxygen, and nutrients in certain areas of the eye.
- In **proliferative retinopathy**, closed-off blood vessels trigger a series of events. Due to a lack of oxygen and nutrients reaching the cells in the eye, new abnormal blood vessels begin forming in the retina. These fragile new vessels can bleed, causing further complications. If diabetic eye disease goes untreated, it can result in blurred or cloudy vision and, in severe cases, complete loss of vision.

Macular edema

Macular edema is a condition in which fluid builds up in the macula to thicken or swell a small area in the middle of the retina. Macular edema can result in mild to severe vision loss in the central part of your vision. It is the most common cause of vision loss in those with diabetes.

Diabetes can also contribute to other eye problems:

- Glaucoma: an increase in pressure of the fluid inside the eye.
- Cataract: a clouding of the eye's lens.
- Retinal detachment: when the retina is lifted from its normal position.

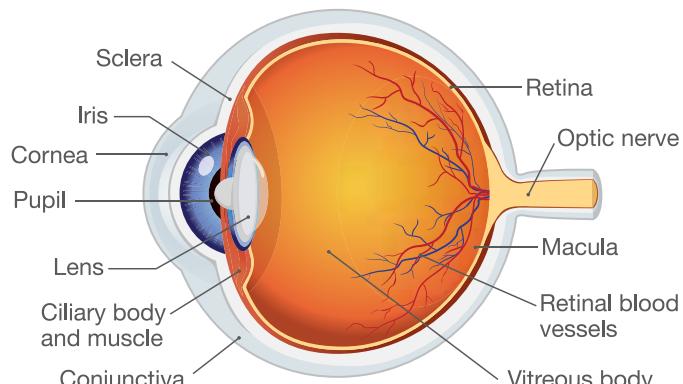
Get your eyes checked

Because diabetes can cause so many eye problems, it's important to have your eyes checked by an eye doctor. Regular eye exams are crucial because eye damage can occur even if your vision seems fine. These checkups can detect eye disease early and help prevent blindness.

If left untreated, eye problems can lead to further damage and vision loss. If you notice any changes in your vision or suspect an eye problem, see an eye doctor as soon as possible. Regular eye checkups are key to maintaining eye health.

You can reduce your risk for diabetic eye disease by managing your diabetes.

Human Eye Anatomy



Take Care of Your Mental Health



Your Mental Health

Living with diabetes can be challenging, but adopting the right treatment approach can help you live a long and healthy life. Learning the skills to manage your diabetes can help prevent or delay potential long-term complications. Although managing diabetes might seem daunting, these suggestions can help:

Get support:

- Surround yourself with a supportive network of friends and family.
- Build a healthcare team you can rely on for information, guidance, and support.
- Tell your healthcare team about any obstacles getting in the way of your treatment plan, such as transportation issues, medicine costs, or basic needs. They can help connect you with community resources.
- Tell friends and family how they can support your well-being. Plan enjoyable activities with people who bring positivity into your life.

Build knowledge:

- Learn all you can about diabetes and how to manage it, using resources from your healthcare team.
- Participate in diabetes self-management education and support services. Be honest with your healthcare providers, and don't be afraid to ask questions when you don't understand something.
- Establish achievable goals to help you stay motivated to manage your diabetes. Then assess your progress in reaching these goals. Ask your healthcare team if you need help.
- Use technology, like a continuous glucose monitor, to check your daily blood glucose levels. These readings can help you and your healthcare team make necessary adjustments to your treatment plan.
- Learn what the results of your lab tests mean, and how they affect your overall treatment plan. This will help you take a more informed approach to managing your health.

Having diabetes can make you more prone to depression, anxiety, and other mental health issues. Make sure you can recognize the signs of depression, such as a sense of hopelessness or worthlessness, and ask for help from your healthcare team.

Taking Small Steps for Change

Making lifestyle changes can be hard. But you can make it easier by breaking down your goals into manageable steps. Start by finding small steps you can take right away. For example, look at your current eating and activity patterns, such as what foods you buy and your level of physical activity. Then start with a few easily manageable changes, such as not buying snack foods or taking a walk after dinner.

Prioritize changes that matter most to you and will have the most significant impact. Remember, you don't need to change all of your habits at once.

Make an action plan with SMART goals

By focusing on a single goal at a time, you can manage your time and track your progress better.

When setting a new goal, make sure it is:

Specific: Clearly outline your goal by defining who is involved, what needs to be done, where it will happen, and when, why, and how it will be accomplished.

Measurable: Establish criteria to track your progress. Determine how you will measure success and know when you have reached your goal.

Attainable: Make sure the goal is realistically achievable for you. Assess whether you have the necessary resources, and if not, outline a plan to get what you need.

Realistic: Ensure the goal is within your capability and aligns with your values. Confirm that it's something you can realistically accomplish with effort.

Time-specific: Set a clear deadline for completing the goal. Establish a time frame that is both challenging and achievable, ensuring that you can meet it.

Evaluate your success by reflecting on the following questions in the final step of making the change:

- Did I achieve my goal?
- Did I set my expectations too high?
- Did any life events hinder my success?
- If you were successful, reward yourself with a hearty pat on the back!

Diabetes and Stress

Stress is something we all deal with. What matters is that we find healthy ways to cope with our stress. Managing stress is even more important for someone with diabetes, as your stress can impact your blood glucose levels. When you feel stressed, your body makes a stress hormone that can increase blood glucose. This can make it difficult to manage your blood glucose levels. Stress can also make you forget to take your medicines, avoid exercise, and disrupt your normal eating pattern. These changes can make it even more difficult to keep your blood glucose levels in a normal range.

While stress can affect your blood glucose levels, the inverse is also true. If you are have high blood glucose or low blood glucose levels, it can affect your emotions, making you feel more stressed.

High blood glucose can make you feel cranky, tired, and fatigued. If your blood glucose is high, it can make you worry more about your diabetes, and cause you to feel more stressed.

Low glucose levels can make you feel nervous, argumentative, and give you brain fog. You may even need help getting food to eat.

Tips for stress management

- Find someone you can talk to
- Allow yourself some time to meditate or pray
- Spend time with others who make you laugh
- Set boundaries on what you will do for others
- Ask for help when you need it
- Do one thing at a time
- Find ways to exercise every day
- Find a hobby or activity you enjoy
- Join a support group
- Eat nutritious foods

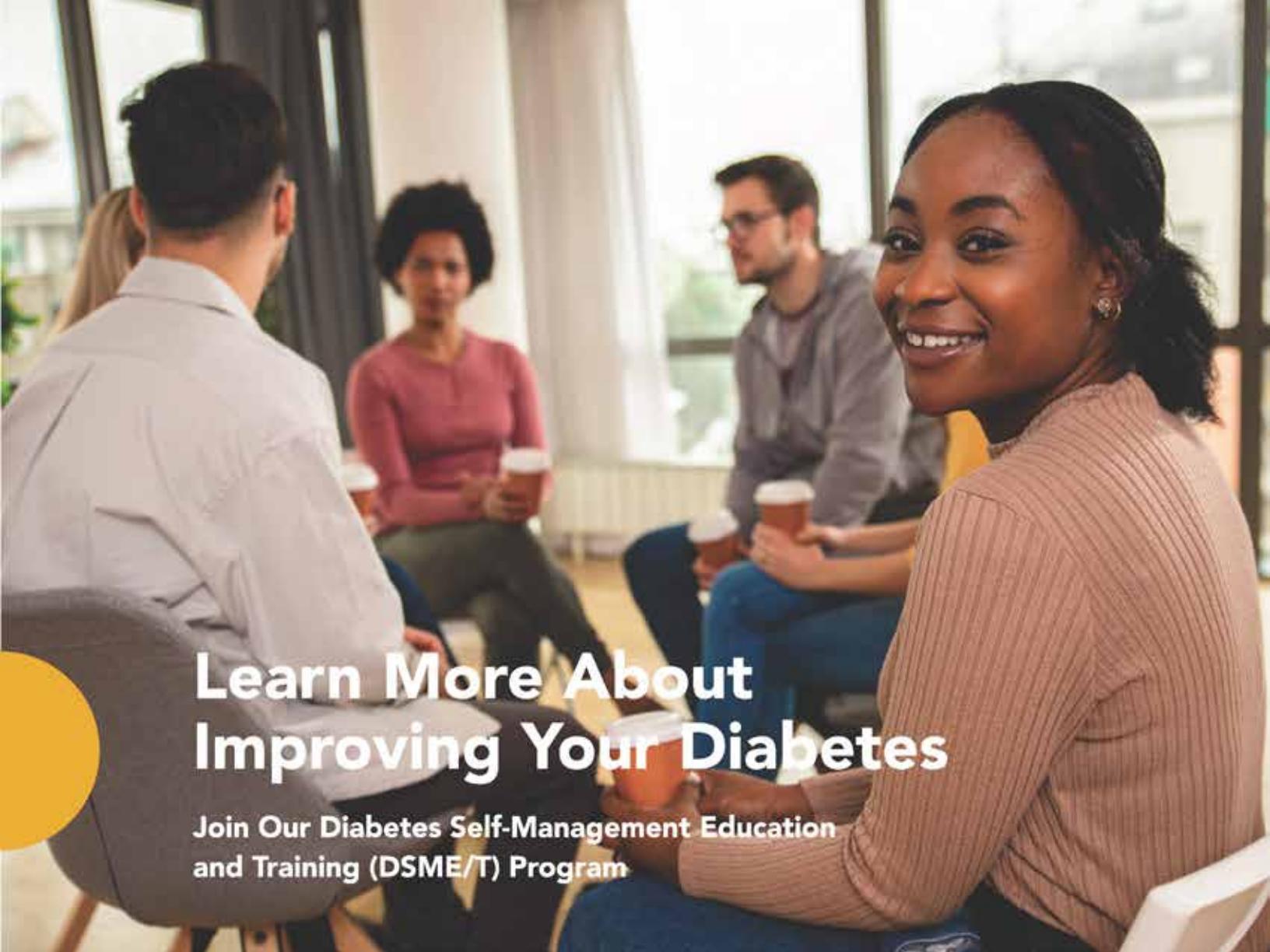


Tips to Help You Live With Diabetes

Having diabetes isn't your fault; your pancreas just doesn't function properly. Use these reframes to think about your diabetes in a new way:

- While you can't always control your blood sugars, you can take steps to manage your diabetes to the best of your ability.
- View blood sugar levels as neutral numbers that guide your next actions, rather than labeling them as good or bad.
- Pay attention to your self-talk and avoid being overly self-critical. Imagine coaching a friend with diabetes and consider what advice you would offer.
- Diabetes isn't about perfection; it's about taking small steps for improvement and safety.
- Take brief mental breaks from diabetes – go for a walk, engage in a hobby, listen to music, volunteer, or join a group.
- Share your feelings with friends and family, letting them know how they can support your success and what doesn't help.
- Stay active, nourish your body, try meditation, enjoy outdoor activities, and remind yourself of the efforts you're making to manage diabetes.
- Connect with diabetes camps, social media groups, and find a community you can relate to.
- Consider reaching out to a mental health professional for extra support.
- Always remember: you're not alone, you're resilient, and your identity isn't defined by your blood sugars. You've got this.





Learn More About Improving Your Diabetes

Join Our Diabetes Self-Management Education and Training (DSME/T) Program

What do we offer?

Boston Medical Center's Healthy Living with Diabetes Classes offer a space to learn more about meal planning, healthy eating, monitoring blood sugar, taking medicines, and improving quality of your life. Survival skills are discussed and supports are provided for the ups and downs having diabetes can play on your mental health.

Want to Learn More?

Scan the QR Code



Contact:

DSME@bmc.org

While this booklet is a general guide, it does not replace diabetes education. By joining one of BMC's Healthy Living with Diabetes classes, you will get a personalized treatment plan that works for you.

Class Schedule

Classes are offered regularly, every two weeks (except holidays) at varying times during the day and evenings. You are invited to join for the in-person course and participate in the cooking demonstrations with the Teaching Kitchen. Once classes are over, you are encouraged to establish more consistent relationships with our diabetes care team on an individual basis. On-going challenges can be reviewed and your successes can be celebrated!

Currently, the Healthy Living with Diabetes Classes are offered in English. If you are more comfortable learning in other languages, individual diabetes education is offered. The Endocrinology, Diabetes, and Weight Management Clinic is ripe with knowledgeable staff and work with a patient centered approach.

**Scan the QR code for more information about scheduling
AFTER your provider has placed a referral.**

Questions?

DSME/T has answers.

- What can I eat now that I have been diagnosed?
- How do I use my continuous glucose monitor (CGM)?
- What resources are available to me in my community?
- **And More...**

Appendix



Intake Form

Name:	Name you prefer to be called:	DOB:	Date:																																																		
Lifestyle/Coping and Health Literacy * Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed – Who else in household? _____ Do you work? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of work and schedule: _____ Primary Language: _____ Race: _____ Please list cultural or religious beliefs that may impact your care _____ How do you learn best? <input type="checkbox"/> Written materials <input type="checkbox"/> Verbal Discussion <input type="checkbox"/> Video <input type="checkbox"/> Do you have any difficulty with? (Circle all that apply) Listening - Reading - Writing - Hearing - Seeing Understanding *Do you need help understanding instructions, pamphlets, or other written material from your doctor or pharmacy? No - Sometimes - Always What is your sleep schedule, any problems sleeping? _____ CPAP used: <input type="checkbox"/> Yes <input type="checkbox"/> No If you have pain, how does it affect your lifestyle? _____ Tobacco Use <input type="checkbox"/> No <input type="checkbox"/> Yes Type/Amount/Quit Date: _____ Alcohol Use <input type="checkbox"/> No <input type="checkbox"/> Type/Amount/Quit Date: _____ List any surgeries you have planned in next 3 months: _____ Reason for being in/at hospital, ER, Urgent Care in last 30 days: _____																																																					
Diabetes Distress Support How would you rate your overall health? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Who else in your family has diabetes? _____ List anything about Diabetes that causes you Stress or Distress? _____ How do you deal with this stress/distress? _____ Primary Support Person: _____																																																					
Being Active/Physical Activity What physical activity do you do regularly? _____ How often: _____ What if any barriers do you have to physical activity? _____																																																					
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Types of Insulin

There are many different types of insulin, and they are classified by how quickly they take effect and how long they work in your body. Some types of insulin last for a long time in your body, while others are shorter acting. Your doctor will prescribe the best type of insulin for you based on how well your blood sugars are controlled, your diet, your age, and other factors.

It is important for you to understand how and when your insulin works so you know if the dose is too much or not enough. It can also help you avoid changes in your glucose when your activity level or meal times change.

All unopened insulin should be kept in the refrigerator; once open it can be kept at room temperature for the number of days listed under "room temperature storage" below.*

Name (Generic)	When to take	When it starts working	When it works the hardest	When it stops working	Room Temperature Storage
Humalog, Admelog, (lispro)	With meals or to correct high glucose. Eat within 15 minutes of injection.	5–10 minutes	1–3 hours	4–6 hours	Vial and pen 28 days
Novolog (aspart)	With meals or to correct high glucose. Eat within 15 minutes of injection.	5–10 minutes	1–3 hours	4–6 hours	Vial and pen 28 days
Fiasp (aspart)	Eat within 2 minutes of injection. Can be injected 20 minutes after a meal.	2 minutes	1–3 hours	3–5 hours	Vial and pen 28 days
Apidra (glulisine)	With meals or to correct high glucose. Eat within 15 minutes of injection.	5–10 minutes	1–3 hours	4–6 hours	Vial and pen 28 days
Lyumjev (Lispro)	Eat within 1 minute of injection. Can be injected up to 20 minutes after eating a meal.	1 minute	1–3 hours	3–5 hours	Vial and pen 28 days
Humulin R (Regular)	30 minutes before eating	30–60 minutes	2–4 hours	6–10 hours	Vial 31 days, pen 28 days
Novolin R (Regular)	30 minutes before eating	30–60 minutes	2–4 hours	6–10 hours	Vial 42 days, pen 28 days
Humulin N (BPH)	Once or twice daily	2–4 hours	6–12 hours	14–18 hours	Vial 31 days, pen 14 days
Novolin N (NPH)	Once or twice daily	2–4 hours	6–12 hours	14–18 hours	Vial 42 days
Lantus (Glargine)	Once daily	2–3 hours	Minimal peaks	18–26 hours	Vial and pen 42 days



Name (Generic)	When to take	When it starts working	When it works the hardest	When it stops working	Room Temperature Storage
Basaglar (Glargine)	Once Daily	2–3 hours	Minimal peaks	18–26 hours	Pen 28 days
Toujeo (glagline)	Once Daily	>12 hours	No peaks	24–36 hours	Pen 28 days
Tresiba (adeglyde)	Once Daily	>12 hours	No peaks	40 hours	8 weeks
Humulin 70/30 (70% NPH 30% regular)	30 minutes before breakfast and supper	30–60 minutes	2–4 hours	10–16 hours	Vial 31 days, pen 10 days
Novolin 70/30 (70% NPH 30% regular)	30 minutes before breakfast and supper	30–60 minutes	2–4 hours	10–16 hours	Vial 42 days, pen 28 days
Humalog 50/50 (50% lispro 50% NPH)	15 minutes before breakfast and supper	5–15 minutes	1–5 hours	10–16 hours	Vial 28 days, pen 10 days
Humalog 75/25 (75% protamine 25% lispro)	15 minutes before breakfast and supper	10–15 minutes	1–3 hours	10–16 hours	Vial 28 days, pen 28 days
Novolog 70/30 (70% protamine 30% aspart)	15 minutes before breakfast and supper	10–15 minutes	1–4 hours	10–16 hours	Vial 28 days, pen 14 days
HumulinR U500	30 minutes before a meal (usually dosed 2-3 times per day)	30 minutes	1–3 hours	8–24 hours	Vial 40 days, pen 28 days

Insulin/GLP-1 combinations:

Soliqua 100/33 is a combination of U 100 glargine and Lixisenatide (GLP-1 receptor agonist).

Storage for pens 14 days.

Xultophy 100/3.6 is a combination of U100 degludec and liraglutide (GLP-1 receptor agonist).

Storage for pens 21 days.

Oral Medicine for Diabetes

Below is a chart of the six types of oral medicines used to treat diabetes. It is important that you know what pills you are taking and why you are taking them.

Type of pills	Brand names	Where it works	How it works
Sulfonylureas: • Glyburide • Glipizide • Glipizide ER • Glimepiride	• Micronase • Glucotrol • Glucotrol XL • Amaryl	Pancreas	• Helps the pancreas make more insulin. • Lowers blood glucose.
Metiglinides: • Repaglinide • Nateglinide	• Prandin • Starlix	Pancreas	• Helps the pancreas make more insulin when blood glucose rises. • Shorter acting than Sulfonylureas.
Biguanides: • Metformin • Metformin ER	• Glucophage • Glucophage XR • Glumetza • Riomet • Fortamet	Liver	• Slows liver's production of glucose. • Improves muscle sensitivity to insulin.
DPP-4 Inhibitors: • Sitagliptin • Saxagliptin • Linagliptin • Alogliptin	• Januvia • Onglyza • Tradjenta • Nesina	Stomach, pancreas	• Helps pancreas release insulin when glucose is high. Slows liver's release of glucose. Slows food leaving the stomach.

Type of pills	Brand names	Where it works	How it works
SGLT2 Inhibitors: • Canagliflozin • Empagliflozin • Dapagliflozin • Ertugliflozin	• Invokana • Jardiance • Farxiga • Steglatio	Kidneys	• Helps the kidneys get rid of glucose from the blood by increasing the amount of glucose in urine.
GLP-1 Receptor Agonist: • Semaglutide	• Rybelsus	Gut, Pancreas, Brain	• Helps the pancreas make more insulin when your glucose is high. • Slows food leaving your stomach, which helps your glucose from going very high after eating. • Sends signals to the brain to increase satiety (fullness).

GLP-1s

Name	Generic name	When to take	Amount	Pen Storage	What to do if a dose is missed	Injection sites
Trulicity	Dulaglutide	Same time and day each week	<ul style="list-style-type: none"> .75 mg weekly • May increase by 1.5 mg every 4 weeks. • Maximum dose 4.5 mg. 	<ul style="list-style-type: none"> • Refrigerate • Do not freeze. • Pens can be kept at room temperature for 14 days. • Protect from sunlight. 	Take as soon as possible up to 3 days. If less than 3 days remain before the next dose, skip the missed dose and resume the following week at the usual day and time.	<ul style="list-style-type: none"> • Abdomen, outer thigh or upper arm. • Rotate sites.
Victoza	Liraglutide	Same time each day	<ul style="list-style-type: none"> • 0.6 mg daily x 7 days, then 1.2 mg daily • Your doctor may increase the dose to 1.8 mg daily to help with glucose or weight loss. 	Refrigerate until first use then store at room temperature for 30 days.	Skip the missed dose and continue at the next regularly scheduled time.	<ul style="list-style-type: none"> • Abdomen, outer thigh or upper arm. • Rotate sites. • Do not inject into a muscle.
Ozempic	Semaglutide	Same time and day each week	<ul style="list-style-type: none"> • 0.5 mg maintenance dose. • Your doctor may increase to 1 mg weekly to help with glucose or weight loss. • Maximum dose 2 mg. 	<ul style="list-style-type: none"> • Refrigerate until the first use. • After the first use pen can be kept at room temperature for 56 days. 	<ul style="list-style-type: none"> • Take the medicine as soon as possible. • Return to your regular schedule. If you are more than 5 days late for the injection, skip the missed dose and return to your regular schedule. 	<ul style="list-style-type: none"> • Abdomen, outer thigh or upper arm. • Rotate sites.
Byetta	Exenatide	60 minutes before breakfast and supper	<ul style="list-style-type: none"> • 5 mcg twice a day. • After 1 month dose may be increased to 10 mcg a day. 	Refrigerate prior to initial use. After first dose may keep at room temperature.	<ul style="list-style-type: none"> • If you miss one dose, skip it and continue with your normal schedule. • Do not double the dose. 	<ul style="list-style-type: none"> • Abdomen, outer thigh or upper arm. • Change sites with each dose.

Name	Generic name	When to take	Amount	Pen Storage	What to do if a dose is missed	Injection sites
Bydureon	Exenatide extended release	Same time and day each week	2 mg at the same time weekly.	Keep refrigerated up to 4 weeks.	Take as soon as possible if the next scheduled dose is due in more than 3 days resume.	Abdomen, outer thigh or upper arm.
Mounjaro	Tirzepatide	Same time and day each week	<ul style="list-style-type: none"> Initial dose 2.5 mg during the first 4 weeks. Provider may increase dose every 4 weeks up to 15 mg. 	Refrigerate in package until administration. Pens can be kept at room temperature for 21 days. Protect from sunlight.	<ul style="list-style-type: none"> If one dose is missed and the next scheduled dose is more than 2 days away skip the dose. Return to usual schedule. 	<ul style="list-style-type: none"> Abdomen, outer thigh or upper arm. Rotate sites.

The name of my medicine is:

I will take this medicine each _____ on _____ day
at _____ (time)

GLP-1s

Name	Generic name	When to take	Amount	Pen Storage	What to do if a dose is missed	Injection sites
Wegovy	Semaglutide	Same time and day each week	<ul style="list-style-type: none"> Initial dose 0.25mg once weekly for 4 weeks, the dose will be increased every 4 weeks to maximum dose of 2.4mg. Dosing schedule is 0.25mg, 0.5mg, 1mg, 1.7mg, and 2.4mg 	Storage in the refrigerator or at room temperature for up to 28 days	If one dose is missed and the next scheduled dose is more than 2 days away skip the dose. Return to usual schedule	<ul style="list-style-type: none"> Abdomen, outer thigh or upper arm. Rotate sites.
Saxenda	Liraglutide	Once a day	Provider may increase dose weekly. Initial dose 0.6, maximum dose 3 mg	<ul style="list-style-type: none"> Refrigerate. Once pen is used store at room temperature and protect from sunlight. Use within 30 days. 	Take as soon as possible, continue regular schedule the next day.	<ul style="list-style-type: none"> Abdomen, outer thigh or upper arms. Do not inject into a muscle, and change sites with each dose.
Zepbound	Tirzepatide	Same time and day each week	<ul style="list-style-type: none"> Initial dose 2.5 mg during the first 4 weeks Provider may increase dose every 4 weeks up to 15 mg 	<ul style="list-style-type: none"> Refrigerate in package until administration. Pens can be kept at room temperature for 21 days. Protect from sunlight. 	If one dose is missed and the next scheduled dose is more than 2 days away skip the dose.	Abdomen, outer thigh or upper arm.

The name of my medicine is:

I will take this medication each _____ on _____ day
 at _____ (time)

Notes

BOSTON
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