

AFCH Pediatric Diabetes

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"/> Injections		<input type="checkbox"/> Insulin Pump (Brand: _____)	
Long-Acting Insulin: <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: Long-Acting Insulin Dose: _____ 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>	
My Rapid Acting Insulin is: <input type="checkbox"/> Novolog <input type="checkbox"/> Humalog <input type="checkbox"/> Apidra <input type="checkbox"/> Fiasp		My Rapid Acting Insulin is: <input type="checkbox"/> Novolog <input type="checkbox"/> Humalog <input type="checkbox"/> Apidra <input type="checkbox"/> Fiasp	
Insulin to Carb Ratio: 1 unit: _____ grams		Insulin to Carb Ratio: 1 unit : _____ grams	
Correction Insulin Dose: 1 unit for every _____ mg/dL above _____ mg/dL		Correction Insulin Dose: 1 unit for every _____ mg/dL above _____ mg/dL	
_____ - _____ mg/dL	1 unit	Active Insulin Time: _____ 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.

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

Other Important Information:

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

For full Sick Day Handout, scan here:

