

## Appointments

| Date | Time | Where | With |
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## My personal diabetes handheld record and care plan



Please keep this record safe and share it with your healthcare professional.

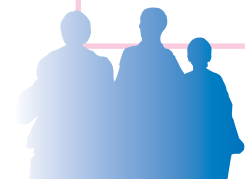
Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Helping Diabetes in Dudley



|                       |                                |
|-----------------------|--------------------------------|
| NHS Direct            | <b>0845 4647</b>               |
| Diabetes UK           | <b>020 7424 1000</b>           |
| Diabetes UK Careline  | <b>0845 120 2960</b>           |
| Novo Nordisk Helpline | <b>0845 600 5055</b> (UK only) |
| Monday to Friday:     | 5:30pm-11:00pm                 |
| Weekends:             | 8:30am-11:00pm                 |
| All Public Holidays   |                                |

Practice Pharmacist \_\_\_\_\_

Dudley Primary Care Diabetes Specialist Team **01384 366193**

Monday to Friday: 9:00am-5:00pm

Paediatrics and Adolescents Out of Hours **01384 244271**

Dudley Group of Hospitals NHS Trust

Diabetes Team **01384 244399**

Diabetes UK Local Voluntary Group **01384 377257** or

[www.diabetes-stourbridgeanddudley.com](http://www.diabetes-stourbridgeanddudley.com) **01384 872927**

### Handheld Record

This is your diabetes record and it is important that you use it to help you with your diabetes care.

Please bring this record with you whenever you visit:

- Your general practitioner (GP)
- Your diabetes clinic
- Your diabetes nurse specialist/practice nurse
- The dietitian
- The chiropodist/podiatrist
- The optician/optometrist/consultant ophthalmologist
- The accident and emergency department
- Or if you are admitted to hospital

If you are admitted to hospital, please ask your nurse to contact the Dudley Primary Care Diabetes Specialist Team on **01384 366193**.

### Please Remember

When you attend the diabetes clinic, either at the hospital or your GP's surgery, please bring:

- Any medication you may be taking
- This booklet
- Your self blood glucose monitoring diary

Name \_\_\_\_\_

Date of birth \_\_\_\_\_

Hospital number \_\_\_\_\_

NHS number \_\_\_\_\_

Present address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone no. \_\_\_\_\_

Mobile/work telephone no. \_\_\_\_\_

Email address \_\_\_\_\_

Emergency contact \_\_\_\_\_

Home telephone no. \_\_\_\_\_

Mobile/work telephone no. \_\_\_\_\_

Language/religion/ethnicity \_\_\_\_\_

GP/family doctor \_\_\_\_\_

## Medical history

Type of diabetes \_\_\_\_\_

Age at diagnosis \_\_\_\_\_

Date of insulin commencement \_\_\_\_\_

### Diabetes treatment

#### Type 1 diabetes

Diet, exercise and insulin

#### Type 2 diabetes

Diet and exercise only

Diet and tablets

Diet and insulin

Diet, tablets and insulin

Other problems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/special instructions \_\_\_\_\_  
\_\_\_\_\_

Previous admissions to hospital \_\_\_\_\_  
\_\_\_\_\_





## Diabetes annual review results

(Please fill in your test results with the help of your healthcare professional).

|  | Current results | Year | Year | Year | Year | Year | Year | Year |
|--|-----------------|------|------|------|------|------|------|------|
|  | Year            | Year | Year | Year | Year | Year | Year | Year |
| <b>HbA<sub>1c</sub></b>  |                 |      |      |      |      |      |      |      |
| <b>Weight</b>  |                 |      |      |      |      |      |      |      |
| <b>Height</b>  |                 |      |      |      |      |      |      |      |
| <b>BMI</b>   |                 |      |      |      |      |      |      |      |
| <b>Blood Pressure</b>  |                 |      |      |      |      |      |      |      |
| <b>Cholesterol</b> (total)<br>LDL<br>Ratio (Total/HDL)<br>Triglycerides<br>HDL                                     |                 |      |      |      |      |      |      |      |
| <b>Kidney Function</b><br>Micro-albuminuria<br>Serum Creatinine  |                 |      |      |      |      |      |      |      |
| <b>Foot Examination</b><br>Skin condition<br>Deformity<br>Pulses<br>Sensation                                      |                 |      |      |      |      |      |      |      |
| <b>Eye Examination</b><br>Digital retinal<br>photography Y/N<br>Visual Acuity<br>Left Eye<br>Right Eye<br>Comments |                 |      |      |      |      |      |      |      |
| <b>Refer to other Health Professionals</b>   |                 |      |      |      |      |      |      |      |

## Subsequent results (in between annual reviews)

|  | Your results    |                 |                 |                 |                 |                 |                 |                 |
|--|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
|  | Date & comments | Date & comments | Date & comments | Date & comments | Date & comments | Date & comments | Date & comments | Date & comments |
| <b>HbA<sub>1c</sub></b>  |                 |                 |                 |                 |                 |                 |                 |                 |
| <b>Weight</b>  |                 |                 |                 |                 |                 |                 |                 |                 |
| <b>Height</b>  |                 |                 |                 |                 |                 |                 |                 |                 |
| <b>BMI</b>   |                 |                 |                 |                 |                 |                 |                 |                 |
| <b>Blood Pressure</b>  |                 |                 |                 |                 |                 |                 |                 |                 |
| <b>Cholesterol</b> (total)<br>HDL<br>Ratio (Total/HDL)<br>Triglycerides<br>LDL |                 |                 |                 |                 |                 |                 |                 |                 |
| <b>Foot Examination</b><br>Skin condition<br>Deformity<br>Pulses<br>Sensation  |                 |                 |                 |                 |                 |                 |                 |                 |

## What do my results mean?

| Test                     | Definition  | Guideline/<br>Healthy Range                   |
|--------------------------|---|---|
| <b>HbA<sub>1c</sub></b>  | This is an important blood test to see how well your diabetes is controlled. It indicates the average amount of sugar (glucose) in your blood over the last 3 months. | 7% - please discuss with your doctor or nurse |
| <b>BMI</b>               | A measure of how over or underweight you are.   | Ideal 18.5-25kg per m <sup>2</sup>            |
| <b>Blood Pressure</b>    | This result tells you how hard the heart has to work to move the blood around your body.  | 140/80 or less                                |
| <b>Total Cholesterol</b> | A type of fat in your blood. Cholesterol levels that are too high could put you at risk of a heart attack.  | 5.0 mmol/L or less                            |
| <b>HDL Cholesterol</b>   | A good type of fat in your blood. High levels of HDL cholesterol can protect you against heart disease.   | 1 mmol/L or more                              |

| Test                     | Definition  | Guideline/<br>Healthy Range                            |
|--------------------------|---|--|
| <b>LDL</b>               | A type of fat in your blood which is associated with an increased risk of heart disease.                    | 3.0 mmol/L or less                                     |
| <b>Triglycerides</b>     | Another type of fat in the blood.   | 2 mmol/L or less                                       |
| <b>Micro-albuminuria</b> | It tells you whether you have any early protein in your urine. It is called Albumin creatinine ratio (ACR). | ACR 2.5 or less (for men), ACR 3.5 or less (for women) |
| <b>Serum creatinine</b>  | This blood test tells you how healthy your kidneys are.   | 62-106 ummol/L   |
| <b>Proteinuria</b>       | This test show up higher levels of protein in your urine.   | This test should be negative, not positive             |

Please discuss with your doctor or nurse what targets you should be aiming for in the above tests. Healthy guideline ranges sometimes change.



## My diabetes care plan

| Date | Your concerns/areas identified for change | Your new targets agreed between us | Plan of action |
|------|---|------------------------------------|----------------|
|      |   |                                    |                |
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## My diabetes care plan

| Date | Your concerns/areas identified for change | Your new targets agreed between us | Plan of action |
|------|---|------------------------------------|----------------|
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## My structured education check list

|   | Date discussed | Date discussed | Date discussed | Date discussed |
|---|----------------|----------------|----------------|----------------|
| What is diabetes?   |                |                |                |                |
| Diet  |                |                |                |                |
| Exercise  |                |                |                |                |
| My treatment  |                |                |                |                |
| Insulin   |                |                |                |                |
| - Why inject insulin?   |                |                |                |                |
| - Types and actions of insulin                                      |                |                |                |                |
| - Storage and disposal  |                |                |                |                |
| - Types of syringes and care of                                     |                |                |                |                |
| - Use of pens   |                |                |                |                |
| - Times of injections   |                |                |                |                |
| - Drawing up insulin  |                |                |                |                |
| - Injection technique   |                |                |                |                |
| - Rotation of sites   |                |                |                |                |
| - Examination of injection sites                                    |                |                |                |                |
| Self-testing  |                |                |                |                |
| Interpreting results  |                |                |                |                |
| Importance of good control<br>(blood glucose/blood pressure/lipids) |                |                |                |                |
| Smoking   |                |                |                |                |
| Alcohol   |                |                |                |                |
| Hypoglycaemia prevention<br>and treatment                           |                |                |                |                |
| Hyperglycaemia prevention<br>and treatment                          |                |                |                |                |
| Illness   |                |                |                |                |
| Footcare  |                |                |                |                |
| Eye checks  |                |                |                |                |
| Sexual health   |                |                |                |                |
| Driving and insurance   |                |                |                |                |
| Planning pregnancy  |                |                |                |                |
| Diabetes UK   |                |                |                |                |
| Free prescriptions  |                |                |                |                |
| Benefits (children)   |                |                |                |                |

## Hypoglycaemia

This is when your blood sugar drops too low and is often called a 'hypo'.

### Watch out for:

Excessive sweating, paleness, headache, tingling lips, pounding heart, blurred vision, hunger, irritability, lack of concentration, mood change, difficulty awakening.

### What causes a 'hypo'?

- Too much insulin
- Not enough food
- Unusual amount of exercise
- Delayed meal
- Stress
- Hot weather

### What to do:

- Take sugar or food containing sugar e.g. 3 glucose tablets or a drink with 2 teaspoons of sugar, followed by biscuits or a sandwich. If the 'hypo' occurs just before a meal or snack, take the sugary drink or the glucose tablets and have your meal as soon as possible
- Alternatively, if conscious and able to swallow, put Hypstop on the inside of your cheeks and gently massage from the outside
- If unconscious, fluid should not be given to you
- If unconscious, an injection of glucagon should be administered
- Call a doctor
- Do not drive for at least 45 minutes following a 'hypo' as advised by the DVLA

You should feel better after 5-10 minutes. If not, have more sugar and eat a snack or a meal as soon as you can.

