

Sick Day Self-Care Plan

Medications

I'll continue to take my diabetes medications (oral medications or insulin by injection) unless:

I'll adjust my insulin dosage by:

I won't take _____ or _____ by injection if:

I'll check my urine for ketones when my blood sugar is higher than _____

and if I continue to have vomiting and diarrhea for more than _____ hours.

Contacting your healthcare team

I will call someone on my diabetes care team ___ Doctor ___ Nurse ___ Diabetes educator if:

___ My blood sugar is higher than _____

___ My urine ketone levels are _____ for more than _____ hours

___ I do not urinate for more than _____ hours

___ I'm uncertain about my blood sugar levels or what to do

___ Other _____

Contact information

Doctor: _____

Phone: _____

Urgent care/hospital: _____

Phone: _____

Other (diabetes educator/nurse): _____

Phone: _____



EAST REGION

Adapted from [mayoclinic.com](https://www.mayoclinic.com)

This information is provided as a courtesy by Humana Military.

[HumanaMilitary.com](https://www.humanamilitary.com)

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