

## DIABETES SMART GOALS & ACTION PLAN

### My SMART Health Goals

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

**SMART = Specific, Measurable, Achievable, Realistic, Timely**

(Refer to the Diabetes Self-Management Booklet for further information about SMART goals.)



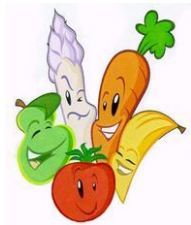
#### Blood Sugar Testing

Check your blood sugars regularly as recommended by your health care provider or TeleCARE/TÉLÉSOINS nurse. Record the results.

**My Blood Sugar testing goals:** I will check my blood glucose \_\_\_\_\_ times a day.  
\_\_\_\_\_ times a week.

Fasting Target Range: 4.0-7.0 mmol/L.

2 Hours After Eating: 5.0-10.0 mmol/L.



#### Healthy Eating

Eat regular, well-balanced meals (and snacks if needed).

**My healthy eating goals:**

\_\_\_\_\_



#### Regular Physical Exercise

Target: 30 minutes of moderate exercise 5 days per week (a total of 150 mins/week).

Include muscle and bone-strengthening activities 2 days per week.

**My exercise goals:**

\_\_\_\_\_



#### Follow-Up Visits

**See Your Health Care Provider / Doctor** every 3-6 months.

**Have a Dental Check-up** every year.

**Have an Eye Exam** every 1-2 years.

**Have a Foot Exam** every year.



**Contact Your TeleCARE/TéléSOINS Nurse or Dietitian** if you have questions.

TeleCARE/TéléSOINS nurse: 204-788-8688 or (toll free 1-866-204-3737)

Dietitian: 204-788-8248 or (toll free 1-877-830-2892)



**Medications**

I will take my medications each day the way my health care provider and I discussed.



**No Fumes! Stop Smoking!**

I will ask my health care provider about ways to **stop smoking** or using tobacco products.



**Stress Management**

I will reduce my stress by taking time to relax each day.

I will try 5-10 minutes of relaxation exercises each day.



**Foot Care**

I will check my feet every day.

(Refer to the Diabetes Self-Management Booklet for full instructions).



**Know Your Numbers.**

I will record my **A1C, Blood Pressure,** and **Cholesterol** numbers.

## DIABETES SMART GOALS & ACTION PLAN

Write Down Your Additional Goals & Review Them with Your Health Care Provider

### Setting Goals



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### My ACTION PLAN to Treat Low Blood Sugars



If I am having feelings of low blood sugars I will follow the **15/15** rule:

1. **Check my blood sugar** – If it is less than 4.0 mmol/L I will:
2. **Treat with 15 grams of carbohydrates** (or 60 calories): 15 grams includes **ONE** of the following items: 3 teaspoons of sugar in water,  $\frac{3}{4}$  cup juice or regular soft drink, 3 glucose tabs, 1 tablespoon honey, 5-6 hard candies such as lifesavers, 8-10 jelly beans.
3. **Wait 15 minutes – Check my blood sugar again** – if it is still less than 4.0 mmol/L, treat again (repeat steps 2 & 3).
4. **Once my blood sugar is over 4** – If my meal is more than 1 hour away, I will eat a small snack such as a sandwich with protein in it, or some cheese and crackers.



If I have treated my low blood sugar **3 times** and my blood sugars are still less than 4.0 mmol/L, I will **CALL 911**.

**DIABETES SMART GOALS & ACTION PLAN**

**My ACTION PLAN if I Have Symptoms or I Feel Sick**

**I will have someone drive me to the nearest emergency if:**

- My blood sugars are greater than 16.7 mmol/L **AND** I have one or more of the following symptoms:
  - Abdominal pain
  - Blurred vision
  - Confusion
  - Dry flushed skin, Extreme thirst
  - Frequent urination
  - Rapid deep breathing, Fruity breath
- I feel dehydrated (such as feeling dizzy when standing, racing pulse, concentrated urine, no urine output for 8 hours or more, dry mouth, irritability)
- I have vomited multiple times, or I am not able to keep fluids down for 2 hours or more

**I will call my Health Care Provider, OR my TeleCARE/TéléSOINS nurse, OR a Health Links – Info Santé nurse if I am experiencing:**

- My blood sugars are above target levels **AND** I have one or more of the following symptoms:
  - Vomiting or diarrhea
  - Fever
  - Productive cough
  - Burning pain when urinating
  - Signs of skin infection (such as swelling, pain, warmth, redness, or pus).
- My blood glucose is 13.9 mmol/L or higher for 2 readings in a row (at least 8 hours apart).
- I am having 2 or more episodes of low blood sugars (less than 4.0 mmol/L) in a week.

**If I do not know what to do about any symptoms, I can call my Health Care Provider / Doctor,  
OR my TeleCARE/TéléSOINS nurse 204-788-8688 or (toll free 1-866-204-3737),  
OR a HealthLinks - InfoSanté nurse 204-788-8200 or (toll free 1-888-315-9257).**

**My Medications Action Plan / List of My Medications**


**DIABETES SMART GOALS & ACTION PLAN**

The Date they Were Reviewed by My Health Care Provider \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Lab Results Tracker**

(Please refer to the Diabetes Self-Management Booklet for more information about lab tests.)

<b>A1C</b>  7% or less	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>
<b>Blood Pressure</b>  Target 130/80 or less	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>
<b>Cholesterol</b>  Total Cholesterol: 4.0mmol/L or less LDL: 2.0 mmol/L or less HDL: Greater than 1.1mmol/L (male), Greater than 1.3 mmol/L (female) Triglycerides: 1.69 mmol/L or less	<b>Date</b>	<b>Result</b>	<b>Date</b>	<b>Result</b>