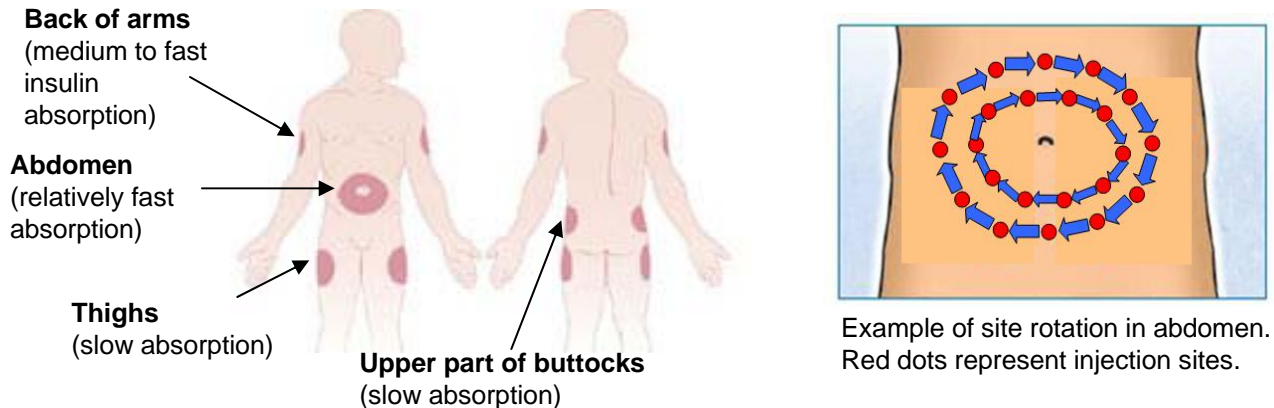


Diabetes Care Tips From:

MYRNA C. DE ASIS, M.D.
1819 10th Street,
Wichita Falls, TX 76301
(940) 763-8077

Remember to check your blood sugar regularly as directed.

Injection Site Selection and Rotation



The most common injection site is the abdomen (stomach). The back of the upper arms, the upper buttocks or hips, and the outer thighs are also used. They have a layer of fat just below the skin to absorb the insulin, but not many nerves - which means that injecting there will be more comfortable than injecting in other parts of your body.

Smart Tips for Site Rotation

- Avoid injecting close to the belly button. It is hard to pinch a good fold of skin in that location. For the same reason, avoid injecting close to moles or scars.
- Inject in the same area of the body, making sure to move around within that area with each injection, for 1-2 weeks. Use the same area for at least a week to avoid extreme blood sugar variations.
- Then move to another area of your body and repeat the process.
- If you see bleeding at the injection site, do not rub this spot. Press your finger lightly over the spot to prevent bruising.
- If you inject in the upper arm, use only the outer back area (where the most fat is). It is hard to pinch the upper arm when you are injecting yourself. Try pressing your upper arm against a wall or door.
- If you inject in the thigh, stay away from the inner thighs. There are more nerve endings there, which might cause injection discomfort.
- Do not inject in an area that will be exercised soon. Exercising increases blood flow, which causes insulin to be absorbed at a rate that's faster than you need.
- Do not become a creature of habit! It might seem easier to find a spot that does not hurt and inject there all of the time. However, the skin may scar from repeated injections, which may affect insulin absorption.
- You can reduce injection pain by choosing a needle length and gauge that are comfortable for you.

Diabetes Tips From:

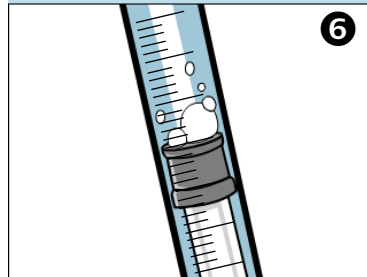
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How to inject insulin with a syringe



- 1** Wash your hands.
Check the insulin for lumps, crystals or discoloring.
Gently roll cloudy insulin between your hands until it is uniformly cloudy.
Never shake insulin.



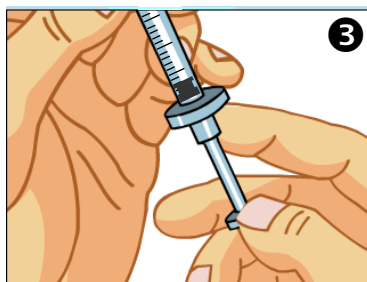
- 6** Look for air bubbles in the syringe. If there are air bubbles, push the insulin back into the bottle and start again from step 5.
When you have the right insulin units with no air bubbles, pull the syringe out of the bottle.



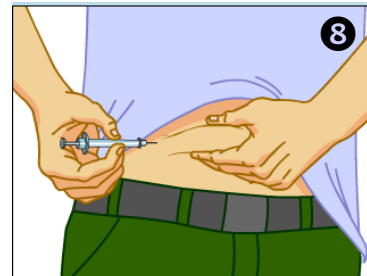
- 2** Wipe the top of the insulin bottle with an alcohol swab.



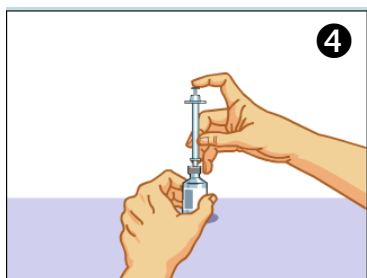
- 7** Clean a small area of skin with an alcohol swab, using a circular motion.
Let the alcohol dry completely before you inject.



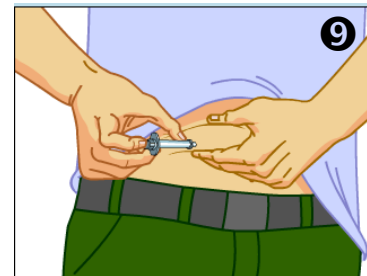
- 3** Pull the plunger down to let ___ units of air into the syringe.
The units of air should equal the units of insulin that you plan to inject.



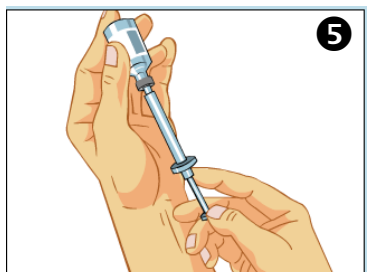
- 8** Pinch up the area of skin that you wiped with alcohol.
Hold the syringe like a pencil. Be sure the needle does not touch anything.



- 4** Push the air into the insulin bottle.
Leave the needle in the bottle.



- 9** Push the needle into the pinched skin at a 90 degree angle. Push the plunger to inject the insulin.
Release the pinch, then pull the syringe needle out of your skin.
If you notice a drop of blood, press a finger on the injection spot for a few seconds.



- 5** Turn the insulin bottle and syringe upside down.
Be sure the needle is in the insulin, not in the air space inside the bottle.
Pull the plunger down to get ___ units of insulin into the syringe.



- 10** Place the used syringe into a sharps container.
Do not reuse the syringe.

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Know the difference... between high blood sugar and low blood sugar

High Blood Sugar

HYPERGLYCEMIA

(Symptoms occur slowly over several days)

Watch for:

- Increased thirst and urination
- Large amounts of sugar in the blood
- Ketones in urine
- Weakness, stomach pains, general aches
- Heavy, labored breathing
- Loss of appetite, nausea and vomiting
- Fatigue

What to do:

- Call Doctor immediately
- Drink fluids without sugar if able to swallow
- Test blood sugar frequently
- Test urine for Ketones if blood sugar is greater than 240 mg/dl
- If using an insulin pump, change the infusion set, reservoir and insulin
- If insulin pump supplies are not available,
- give regular insulin via insulin syringe according to prescribed sliding scale

Causes:

- Not enough insulin
- Too much food
- Infection, fever, illness
- Emotional stress

HYPOGLYCEMIA (INSULIN REACTION)

(Symptoms occur quickly, within minutes)

Watch for:

- Cold sweat, faintness, dizziness
- Headache
- Pounding of heart, trembling, nervousness
- Blurred vision
- Hunger
- Irritability
- Personality change
- Not able to awaken

What to do:

- Check blood sugar level if possible
- Take 3 BD™ Glucose Tablets, liquids or foods containing sugar
- Wait 15 minutes and recheck blood sugar
- If blood sugar is still less than 60 mg/dL, treat with BD™ Glucose Tablets or liquids/foods containing sugar. Follow with next meal or snack
- Do not give anything by mouth if not conscious
- If unconscious give glucagon according to package directions and call local Emergency Medical Services
- Report all moderate and severe reactions to doctor

Causes:

- Too much insulin
- Not eating enough food
- Unusual amount of exercise
- Delayed meal
- Drinking alcohol without eating food

Low Blood Sugar

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Remember to check your blood sugar regularly as directed.

Foot Care Dos and Don'ts

Do:



Wear shoes or slippers at all times.



Keep skin soft. Put lotion on top and bottom of feet.



Use only lukewarm water to wash yourself.



Wear comfortable shoes.



Wear pantyhose or socks.



Check feet daily for open sores, cuts or color changes.



Cut toenails straight across.



Keep feet dry, especially between toes. Use powder if needed.



Have your feet checked by your family doctor or a foot doctor.

Do not:

Do not walk barefoot, even in your own house

Do not let feet get dry and cracked

Do not use hot water to wash yourself

Do not wear torn or tight shoes

Do not wear tight socks or knee highs

Do not use corn or callus medicines or razors

Do not use heating pads, hot water bottles or iodine; they can cause harm

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Portion control in diabetes meal plans

Simple references can help you estimate food portions for better blood sugar control.

- Measuring devices - you can use measuring cups, spoons and food scales to help you become familiar with correct portion sizes.
- Deck of cards/bar of soap - Either can be used as a reference to help you visualize what 3 ounces of cooked meat, poultry, or fish should look like.
- Your hand - If you are dining out, your hand is a convenient quick reference to help you decide how much of a portion you should eat.

A Guide to Using Your Hand for Portion Control

| HAND PORTION | SERVING SIZE | FOOD & DRINK |
|---------------------------------|--|---|
| One fist, clenched | 8 fluid ounces  | Hot and cold beverages |
| Two hands, cupped | 1 cup  | Dry cereal, Mixed dishes (stew, chili), Soup, Green salads, Ethnic mixed dishes, such as Asian, Italian, Mexican food |
| One hand, cupped | 1/2 cup  | Pasta, Rice, Mashed potato, Beans, Potato salad, Cole slaw, Hot cereal, Fruit salad, Applesauce, Cottage cheese, Pudding, Gelatin |
| Palm of hand (women's) | 3 ounces  | Cooked meat or fish, Canned fish |
| Two thumbs together (Women's) | 1 tablespoon  | Salad dressing, Sour cream, Dips, Cream cheese, Mayonnaise, Peanut butter, Dessert sauces, Whipped topping, |
| Tip of thumb (to first knuckle) | 1 teaspoon | Margarine, Oil |