

## Starting Blood Glucose Monitoring - Action Plan

<b>Emergency contact details</b> Ambulance: 000 Hospital: _____ Ph: _____ Doctor: _____ Ph: _____ Diabetes Specialist Nurse: _____ Ph: _____ Family / Carer: _____ Ph: _____ 24hr Healthdirect - Ph: 1800 022 222	<b>My contact details</b> U.R. No: _____ Surname: _____ Given Name: _____ DOB: _____ Sex/Gender: _____
<b>Blood glucose target range</b> <i>A higher glucose target may be recommended in the older person, for impaired hypoglycaemia awareness or due to other medical conditions.</i> <i>A lower glucose target is recommended in pregnancy.</i>	Fasting / before meals: _____ - _____ mmol/L 2 hours after meals: _____ - _____ mmol/L
<b>Frequency of blood glucose tests</b>	<input type="checkbox"/> Fasting / before meals <input type="checkbox"/> 2 hours after meals <input type="checkbox"/> Before bed <input type="checkbox"/> Overnight: _____ - _____ mmol/L <input type="checkbox"/> Before driving - above 5.0mmol/L to drive
<b>Extra blood glucose testing times</b>	<ul style="list-style-type: none"> <li>• feel that glucose is low (e.g. hypoglycaemia)</li> <li>• having night sweats or waking with a headache</li> <li>• feel unwell or stressed</li> <li>• changing eating pattern</li> <li>• before, during or after physical activity or changing routine</li> <li>• are using machinery</li> <li>• planning a pregnancy, pregnant or breast feeding</li> <li>• preparing for or recovering from surgery or fasting procedures</li> <li>• starting new medications (e.g. steroids)</li> <li>• concerned.</li> </ul>
<b>HbA1c target</b> <i>A HbA1c blood test is recommended every 6 months and offers an average blood glucose result for the last 3 months. HbA1c targets can vary.</i>	_____ % or _____ mmol/mol
<b>Blood ketone target range</b> <i>Recommended if risk of diabetic ketoacidosis or taking sodium glucose co-transporter 2 (SGLT2) inhibitor medication.</i>	<input type="checkbox"/> less than 0.6mmol/L.
<b>Blood ketone testing times</b>	<ul style="list-style-type: none"> <li>• unwell (e.g. vomiting and/or diarrhoea or reduced intake).</li> <li>• blood glucose greater than 15.0mmol/L.</li> </ul>

<p><b>Technique</b></p>	<ul style="list-style-type: none"> <li>• Blood glucose meter: _____</li> <li>• Blood glucose test strips: _____</li> <li>• Blood ketone test strips: _____</li> <li>• Finger pricker device: _____</li> <li>• Single use lancet: _____</li> <li>• Record keeping: [ ] diary [ ] meter [ ] software / APP</li> </ul>
<p><b>Additional considerations</b></p>	<ul style="list-style-type: none"> <li>• Supplies: _____</li> <li>• Storage (in use): _____</li> <li>• Storage (not in use): _____</li> <li>• Fingertip site preparation: _____</li> <li>• Fingertip site rotation: _____</li> <li>• Alternative site/s: _____</li> <li>• Sharps disposal: _____</li> </ul>
<p><b>Risks</b></p>	<p>Hypoglycaemia Action Plan: _____</p> <p>Hyperglycaemia Action Plan: _____</p>
<p><b>When to contact doctor or diabetes specialist nurse</b></p>	<p>For review:</p> <p>[ ] weekly</p> <p>[ ] fortnightly</p> <p>[ ] other: _____</p>
<p><b>When to visit your nearest hospital</b></p>	<ul style="list-style-type: none"> <li>• Glucose greater than 15.0mmol/L for more than 24 hours.</li> <li>• Glucose less than 4.0mmol/L despite 2 hypo treatments.</li> <li>• Blood ketones greater than 0.6mmol/L.</li> <li>• Symptoms of drowsiness, confusion, breathing difficulties or severe abdominal pain.</li> <li>• Vomiting persists for more than 4 hours.</li> <li>• Unable to self-care and support person unable to assist.</li> </ul>
<p>Date: __ / __ / ____</p>	<p>Diabetes Specialist Nurse: _____</p> <p>Signature: _____</p>

**Rural Support Service - Diabetes Service**

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