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# Your Diabetes Care and Management Plan

Taking Charge of Your  
Journey with Type 2 Diabetes



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Your Diabetes Care and  
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**It's really important that people with diabetes know that following a diabetes care plan can help them stay healthier.**

**Diabetes tends to change over time. At first, diet and exercise might be enough. But down the line, most people will need medication to stay healthy.**

**Needing one or more medications does not mean you failed. It just means your diabetes is progressing—and you didn't do anything wrong.**

**– Dr. K. Allen.**



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# You are the most important member of your **diabetes care team.**

The more you understand about managing your diabetes and take an active role in your care, the better your health will be.

This is your guide to creating a diabetes care and management plan that works for you. Work with your diabetes care team to put this together. It will help you:

- **Understand your lab results and what they mean for you**
- **Set goals for your lab results and overall health**
- **Create a medication and lifestyle plan that is right for you**
- **Learn to manage your diabetes**

In creating this diabetes care and management plan you should use information that you and your diabetes care team have on file.

Remember to always bring your most recent blood sugar (blood glucose) records, lab results and a list of current medications to every visit with your diabetes care provider. This will make sure you and your diabetes care team are using the most up-to-date information in creating a plan for you.

Use the Diabetes Care and Management Plan Summary at the end to track your goals and progress over time.

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# Lead Your Diabetes Care Team

Insulin is a hormone that helps your body process your blood sugar (blood glucose) and helps turn it into energy your body can use. When you have type 2 diabetes, your body does not make or use insulin the way it should or doesn't make enough. This causes your blood sugar levels to rise too high.

Type 2 diabetes progresses over time as your body slowly makes less insulin and becomes unable to use the insulin you make as well as before. These changes mean your medications and diabetes management plan need to change too.

The plan that works for you is going to be different from anyone else. Taking steps to stay on top of your blood sugar levels and adjust therapy quickly is important. It will help you feel better now and help you stay healthier throughout your life.

## Who do you need on your diabetes care team?

**Health care providers with the experience and skill to manage your diabetes, and who you trust. This could include:**

- Doctor, nurse practitioner or physician assistant
- Registered dietitian nutritionist (RDN) or nutritionist
- Certified Diabetes Care and Education Specialist (CDCES)
- Pharmacist
- Eye doctor (optometrist or ophthalmologist)
- Foot doctor (podiatrist)
- Mental health professional (social worker, psychologist)
- Community health worker
- Exercise specialist
- Family and friends who support you. Include them and share your needs with them.

## How can you best work with your diabetes care team?

- **Set goals together.** Make goals that are realistic and achievable. Understand that they will change over time as your diabetes changes.
- **Learn about your diabetes and diabetes treatment.** Get information and education about how you can manage your diabetes yourself. Most diabetes management decisions will be made by you. Make sure you participate in diabetes education. Ask for a referral to diabetes self-management education and support (DSMES) services. Diabetes care and education specialists are specially trained to address your questions and concerns and help you gain the skills and knowledge to manage your diabetes and live well.
- **Develop a plan.** Work with your diabetes care team to create a plan that works for you and follow it. It should include medications, if needed, an eating plan and how to work in physical activity to your day. It may also include what to do if you're not getting to your blood sugar targets.
- **Take your medications as agreed.** Over time, you may need several medications to manage your diabetes. Each medication helps manage blood sugar levels in a different way. If you have to take more than one medication, it does not mean you failed. Talk with your diabetes care team about concerns or side effects like hypoglycemia (low blood sugar) and make changes together that address your concerns.
- **Use technology.** Monitor your blood sugar levels as directed and share the data with your diabetes care team members. Your care plan will change based on what your blood sugar data tells you and your diabetes care team.
- **Meet with your diabetes care team members regularly.** This may be monthly at first and less often later. Working with them to get your diabetes managed quickly will help you stay healthy longer.
- **Share your concerns.** Tell your care team about anything getting in the way of following your plan and achieving your goals. This might include the cost of medication, transportation challenges or emotional issues like depression. Ask for help. You can view mental health support resources at [diabetes.org/diabetes/mental-health](https://diabetes.org/diabetes/mental-health).
- **Ask for referrals.** Diabetes self-management education and support (DSMES) services is an important part of your treatment, especially when you have any change in your treatment plan. It may also be helpful to meet with a diabetes care and education specialist, pharmacist or dietitian to help you to stay on track. Seeing a mental health professional if you feel depressed or just plain burnt out is also a good idea.
- **Take charge of your health!** Use this booklet to help you manage your diabetes and meet your goals.



# Manage Your Blood Sugar (also called blood glucose)

Blood sugar levels change constantly. You and your diabetes care team will work out a management plan to keep blood sugar levels within your target range. Keeping blood sugar in range will help you feel better every day and keep you healthy in the future.

A healthy eating plan and active lifestyle are the foundation of all blood sugar management plans. Most people with diabetes will eventually need one or more medications to keep blood sugar within their target range. You and your diabetes care team will know if your plan is successful by using several kinds of data or information:

**A1C blood test (every three to six months):** This measures your average blood sugar for the last two to three months. The American Diabetes Association recommends an A1C of less than 7 percent for most people with diabetes. An A1C of 7 percent is equal to an average blood sugar of about 154 mg/dL.

Your A1C goal: \_\_\_\_\_

Your A1C today: \_\_\_\_\_

**Checking daily blood sugar:** You can check your blood sugar anywhere using a blood sugar meter or continuous glucose monitor (CGM). Share your results with your

diabetes care team at each visit. These blood sugar results reflect your daily ups and downs. The results will help your diabetes care team work with you if you need a change in your treatment plan sooner than every three months.

Your fasting blood sugar goal: \_\_\_\_\_

Your blood sugar goal two hours after eating: \_\_\_\_\_

Your blood sugar goal at other times:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To interpret your result, first find your A1C number in the top row. Then read the measurement below to learn your average blood sugar for the past 2 to 3 months.

▼ Your A1C Number ▼									
6.0%	6.5%	7.0%	7.5%	8.0%	8.5%	9.0%	9.5%	10.0%	10.5%
126 mg/dL	140 mg/dL	154 mg/dL	169 mg/dL	183 mg/dL	197 mg/dL	212 mg/dL	226 mg/dL	240 mg/dL	255 mg/dL

▲ Your Estimated Average Glucose (eAG) for the Past 2 to 3 Months ▲

If your A1C/eAG is different from what you expect, talk to your doctor.

## Understanding “Time-in-Range” (TIR)

If you currently use a CGM, then you might set TIR goals with your diabetes care team. TIR is the amount of time in a day you spend within your glucose target range. For example, you and your health care provider might set a personalized glucose range of between 80 mg/dL and 180 mg/dL.

TIR can be used to see how much time you spend with high blood sugar levels (above 180mg/dL) and low blood sugar levels, also known as hypoglycemia (less than 70 mg/dL). It can also tell you when during the day these “out-of-range” times are happening so you can adjust your medication, diet and exercise to stay in range.

The more you stay within your glucose range, the better your A1C will be! For example, increasing your time in range by 5 percent (about one hour per day) over a three-month period can lead to a decrease in your A1C of 0.5 percent.

Your blood sugar goals beyond A1C:

Your ideal glucose range is between

\_\_\_\_\_ and \_\_\_\_\_

Your average weekly blood sugar goal:

\_\_\_\_\_

Percent of time below range goal (hypoglycemia):

\_\_\_\_\_

Percent of time above range goal:

\_\_\_\_\_

Percent TIR goal:

\_\_\_\_\_



TIR helps you understand how well you are managing your blood sugar day-to-day.

“ At first, I didn’t want to add yet another medication. But I am so glad I did. Now my blood sugar is where it needs to be most of time, and I feel so much better. My advice—don’t wait! As your diabetes changes, you’ve got to stay on top of it.

– Angela



## YOUR GLUCOSE MANAGEMENT **ACTION STEPS:**

- Have an A1C test done every three to six months and compare your results to your goal A1C.
- Check your blood sugar levels as as agreed upon in your diabetes care plan.
- If your daily blood sugar levels or time-in-range are not at your goal, discuss how to change your plan or add medication to help you get there.
- If your blood sugar levels are often low or your time-below-range (TBR) is too high, talk with your diabetes care provider about changing your medications to lower your risk of low blood sugar.
- Ask for a referral to diabetes self-management education and support (DSMES) services. Diabetes care and education specialists who work in these programs are specially trained to answer your questions and concerns and help you gain the skills and knowledge to manage your diabetes and live well.

Find a DSMES program or diabetes educator in your area at [diabetes.org/findaprogram](https://diabetes.org/findaprogram)



# Protect Your Heart Health

Problems with your heart and blood vessels, also called cardiovascular disease (CVD), is common in people with diabetes and increases your risk of a heart attack or stroke. To understand your risk of CVD, your diabetes care team will check the following:

## **Cholesterol blood test (every year):**

Diabetes can raise your “bad” LDL (low density lipoprotein) cholesterol and your triglyceride levels (fat in your blood), which raises your risk for CVD. It can also lower your “good” HDL (high-density lipoprotein) cholesterol. Low HDL levels also increase your risk for CVD.

Talk with your diabetes care team about cholesterol goals that are right for you and whether or not you should be taking a type of medication called “statin” which lowers your cholesterol. The American Diabetes Association does not have recommended targets for cholesterol for people with diabetes, but your care team will recommend some for you.

Your LDL goal: \_\_\_\_\_

Your LDL today: \_\_\_\_\_

Your HDL goal: \_\_\_\_\_

Your HDL today: \_\_\_\_\_

Your triglycerides goal: \_\_\_\_\_

Your triglycerides today: \_\_\_\_\_

## **Blood pressure test (every visit):**

Your blood pressure is a measure of the force on your blood vessels when blood is pumped from your heart to the rest of your body. If it is too high you have high blood pressure, also called hypertension. Having high blood pressure and diabetes increases your chance of having problems with your heart and kidneys. The ADA recommends blood pressure target of 140/90 mmHg for people with lower risk of heart issues and 130/80 mmHg for those at high risk of heart issues.

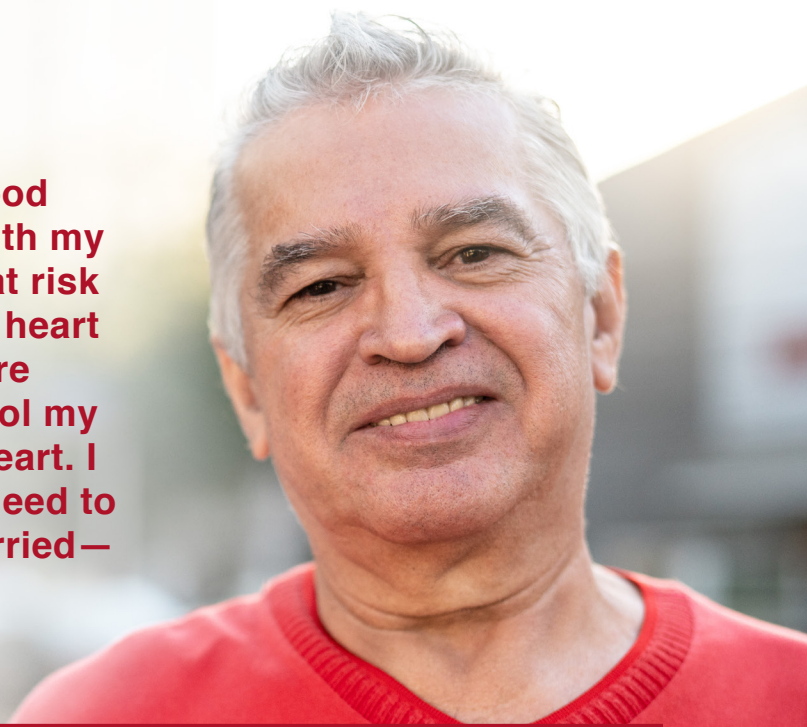
Your blood pressure goal: \_\_\_\_\_

Your blood pressure today: \_\_\_\_\_



I've had problems with high blood pressure since my 40s. Now, with my diabetes, my doctor says I am at risk of having heart problems like a heart attack. Luckily, she told me there are medications that help control my diabetes and help protect my heart. I told her I would do whatever I need to do to see my grandkids get married—so she got me started.

– Julio



## YOUR HEART HEALTH ACTION STEPS:

- Understand what your blood pressure numbers mean for you. Ask a member of your diabetes care team if you are not clear.
- Quit smoking. Smoking raises your blood pressure and bad cholesterol and increases your risk for heart attack and stroke. It can also make it harder for you to manage blood sugar. Talk with your diabetes care team about ways to quit. For free help, call 1-800-QUIT-NOW (1-800-784-8669) or visit [smokefree.gov](https://www.smokefree.gov).
- Ask your diabetes care provider whether diabetes medications that also protect your heart might be right for you.
- Ask if statin therapy is right for you. Most people with diabetes should be taking a statin.
- Ask your diabetes care provider if you should be taking low-dose aspirin, which could help reduce your risk for heart attack and stroke.
- If you have atherosclerotic cardiovascular disease (ASCVD), ask your doctor if you should be taking a GLP1 or SGLT2 medication to protect your heart and kidneys.
- If you have heart failure, ask your provider if you should be taking an SGLT2 medication.

# Protect Your Kidney Health

Diabetes is the leading cause of chronic kidney disease (CKD). There are tests your diabetes care team will do to help you understand how well your kidneys are working. Early detection of poor kidney function can help prevent progression to kidney failure.

**Albumin and creatinine ratio (ACR) urine test (every year):** This test looks at the amount of a protein called albumin in your urine. Albumin can leak into the urine when kidney damage is present. An ACR below 30 mg/g is considered normal. An ACR between 30 mg/g and 300 mg/g means you could have moderate kidney damage. An ACR above 300 mg/g indicates more severe kidney damage.

Your last ACR result: \_\_\_\_\_

Last ACR date: \_\_\_\_\_

**eGFR (glomerular filtration rate) blood test (every year):** This test gives your diabetes care team a personalized view of how well your kidneys are working. An eGFR below 60 can be a sign that your kidneys are not working well. An eGFR below 15 means you are at high risk for kidney failure. It is normal for your eGFR to decrease with age.

Your last eGFR result: \_\_\_\_\_

Last eGFR date: \_\_\_\_\_





My husband has had some kidney problems over the years. And he was recently diagnosed with type 2 diabetes which has made his kidney problems worse. I did some research and found that there are diabetes medications that can also help keep my husband's kidney disease from getting worse. We are talking with his care team about this at his next visit.

– Sarah



## YOUR KIDNEY HEALTH ACTION STEPS:

- Ask for an ACR or eGFR to be done every year and discuss results and what they mean for you with your diabetes care team.
- Talk with your diabetes care team about whether you need a change in your care plan to protect your kidneys.
- If you are at high risk for kidney disease, discuss whether a diabetes medication that can lower your glucose and also protect your kidneys might be right for you.
- If you already have chronic kidney disease (CKD), an SGLT2 medication or another medication that could reduce your risk for kidney complications and heart failure could be an option. Talk to your diabetes care team if you have CKD.

# Protect Yourself From Other Diabetes Complications

## Get an eye exam (every year).

Diabetes can damage the blood vessels in your eyes. This is known as retinopathy. At its worst, this can cause blindness. Diabetes also increases your risk for other problems in your eyes. Every person with type 2 diabetes should have a retinal eye exam when diagnosed and every year following. This is very important because if diabetic eye disease is detected early, there are treatments to stop it from getting worse.

**Your last eye exam date:** \_\_\_\_\_

## Get a complete foot exam (at least once per year).

Diabetes can cause nerve damage, known as neuropathy. It can also cause poor circulation (blood flow) in your feet. This can cause problems including infection, injury and bone changes. Your doctor should do an annual foot exam that includes looking at your feet, checking for pulses, testing for change in feeling and testing your reflexes.

**Your last foot exam date:** \_\_\_\_\_

## Get your immunizations.

Diabetes can make it harder to fight some infections. This puts you at risk for getting hepatitis B and at risk for more serious problems if you come down with the flu or pneumonia. You should get a flu shot every year. Ask your diabetes care team if you need to get vaccines for hepatitis B or pneumonia. **NOTE:** You may also want to ask your doctor about the Tdap and Zoster vaccines to help protect against tetanus, shingles and other diseases.

**Your most recent flu shot date:** \_\_\_\_\_

**Your pneumonia shot date:** \_\_\_\_\_

**Your hepatitis B shot date:** \_\_\_\_\_

## **Get a regular dental checkup (every six months).**

If you have diabetes, you're at a higher risk of developing periodontal (tooth and gum) disease. Most people need dental exams and cleanings twice a year to maintain oral health.

**Your last dental check date:** \_\_\_\_\_

## **Manage your weight (discuss at every visit).**

If you are overweight or obese, weight loss of five to seven percent of your body weight improves blood sugar levels. For example, if you weigh 150 pounds, try losing about seven pounds.

**Your weight goal:** \_\_\_\_\_

**Your weight today:** \_\_\_\_\_

**Time to reach your weight goal:** \_\_\_\_\_

## **Address barriers keeping your from managing your diabetes (discuss at every visit).**

It is easy to feel burnt-out when you are living with diabetes. Emotional challenges like depression and anxiety, and life challenges like trouble with housing or access to food, can impact your diabetes. Tell your diabetes care team about anything getting in the way of managing your diabetes, taking care of yourself or taking your medication. A referral to a behavioral health specialist and connecting you to social support groups can also be helpful.



# Your Diabetes Care and Management Plan Summary

YOUR NAME: \_\_\_\_\_

## Your Diabetes Tests and Targets

Work with your diabetes care team to set targets together, based on your health care needs.

Test	How Often	Target Values	Date & Results	Date & Results	Date & Results	Date & Results
<i>Example: A1C Target</i>	<i>Every 3 to 6 months</i>	<i>6.5</i>	<i>6.8 9/20/20</i>			
A1C Target	Every 3 to 6 months					
Glucose – Fasting						
Glucose – 2 hours after eating						
Time-in-Range (TIR)						
Blood Pressure	Every clinic visit					
Cholesterol (lipid profile)	Every year					
Eye Exam	Every year					
Foot Exam	Every clinic visit					
Flu Shot	Every year					
Kidney Function (ACR or eGFR)	Every year					
Dental Exam	Every 6 months					

NOTES: \_\_\_\_\_

## Your Current Medications

Medication Name	Date Prescribed	Dosage	Days of Week Taken	Time of Day Taken	Reason	New or Changed Medication?
<i>Example: Metformin</i>	<i>10/23/2020</i>	<i>500 mg</i>	<i>two times every day</i>	<i>with AM and PM meals</i>	<i>Manage blood glucose</i>	<input checked="" type="checkbox"/> New <input type="checkbox"/> Changed
						<input type="checkbox"/> New <input type="checkbox"/> Changed
						<input type="checkbox"/> New <input type="checkbox"/> Changed
						<input type="checkbox"/> New <input type="checkbox"/> Changed
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NOTES: \_\_\_\_\_

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## Lifestyle Change Goals:

- Weight loss goal: \_\_\_\_\_
- Eating and nutritional changes: \_\_\_\_\_
- Physical activity—resistance training: \_\_\_\_\_
- Physical activity—aerobic training: \_\_\_\_\_
- Stop smoking

## Referrals Recommended:

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes self-management education and support (DSMES) | <input type="checkbox"/> Endocrinologist (additional diabetes health support) |
| <input type="checkbox"/> Behavioral health specialist                           | <input type="checkbox"/> Dentist  |
| <input type="checkbox"/> Medical nutrition therapy (MNT)                        | <input type="checkbox"/> Exercise specialist/physical therapist               |
| <input type="checkbox"/> Social worker/therapist (emotional health)             | <input type="checkbox"/> Pharmacist   |
| <input type="checkbox"/> Eye doctor (optometrist or ophthalmologist)            | <input type="checkbox"/> Vaccines/immunizations                               |
| <input type="checkbox"/> Cardiologist (heart health)                            | <input type="checkbox"/> Pneumonia  |
| <input type="checkbox"/> Foot doctor (podiatrist)                               | <input type="checkbox"/> Hepatitis B  |
| <input type="checkbox"/> Kidney doctor (nephrologist)                           | <input type="checkbox"/> Tdap   |
|   | <input type="checkbox"/> Zoster   |
|   | <input type="checkbox"/> Other  |

NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Notes:

Use this space to:

1. Take notes during your diabetes care team visit.
2. Jot down questions for your doctor and care team.
3. List anything stopping you from following your diabetes plan.

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# Resources

## **Diabetes Self-Management Education and Support (DSMES) Services**

Find a local ADA-recognized diabetes education program. These services focus on your concerns about diabetes. They will also empower you with the knowledge and skills to manage it. You can find a program in your area at [diabetes.org/findaprogram](https://diabetes.org/findaprogram).

The Association of Diabetes Care and Education Specialists also accredits diabetes education programs. You may be able to find additional programs at [diabeteseducator.org/find](https://diabeteseducator.org/find).

## **Living with Type 2 Diabetes® Program**

For a person learning to live with type 2 diabetes, the journey can sometimes be overwhelming. The ADA is here to provide support every step of the way. Through the ADA's Living With Type 2 Diabetes program, you can receive guidance on emotional well-being, healthy eating, getting active and more through six informational e-booklets, and a monthly e-newsletter. Sign up at [diabetes.org/living](https://diabetes.org/living).

## **Diabetes Mental Health Directory**

The ADA's Mental Health Provider Directory lists licensed mental health providers with expertise in providing counselling and emotional support to meet the needs of people with diabetes. Find a mental health professional in your area:

[professional.diabetes.org/ada-mental-health-provider-directory](https://professional.diabetes.org/ada-mental-health-provider-directory)

## **Center for Information**

Representatives at the American Diabetes Association's Center for Information are available to guide you to diabetes information and resources, as well as local programs and events. To reach these representatives, call 1-800-DIABETES (800-342-2383) or email [askada@diabetes.org](mailto:askada@diabetes.org).

## **Diabetes Food Hub**

The ADA's Diabetes Food Hub is a brand new cooking and recipe destination made for people living with diabetes and their families. Save time during your busy week using the interactive Meal Planner, a Grocery List you can edit, and Healthy Tips from ADA food and nutrition experts at [diabetesfoodhub.org](https://diabetesfoodhub.org).

## **Living with Diabetes**

### **Ask the Experts Q&A**

ADA's Q&A series aims to educate people living with type 2 diabetes about healthy lifestyle solutions. Topics include nutrition, how to manage stress, and getting active. The phone-in and online format provides a community where people can ask questions of ADA diabetes experts and hear from others who might share similar experiences. Hear full programs and audio clips at [diabetes.org/experts](https://diabetes.org/experts).

For additional resources visit [diabetes.org/resources](https://diabetes.org/resources).

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**There is nothing we  
can't accomplish  
when we are  
Connected for Life.**

