

Simply for Family

Parents' Health Organizer

My Child's Healthcare Team:

| | |
|-----------------------|-------------------------------------------------------------------------------------------------------------|
| Doctor's Name: | |
| Phone Number: | |
| Address: | |
| Contact For: | <i>Checkups, when symptoms or illness occur and for answers to your health and diabetes care questions.</i> |

| | |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Diabetes Educator's Name: | |
| Phone Number: | |
| Address: | |
| Contact For: | <i>Help learning about diabetes and diabetes care, including lifestyle tips and techniques for giving injections and checking blood glucose.</i> |

| | |
|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Endocrinologist's Name: | |
| Phone Number: | |
| Address: | |
| Contact For: | <i>Can prescribe insulins, medications and help with diabetes management and developing an appropriate meal plan. Endocrinologists have specialized diabetes training.</i> |

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|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dietician's Name: | |
| Phone Number: | |
| Address: | |
| Contact For: | <i>Help creating a healthy eating plan for your child, and ensuring your child sticks to it. It's good to follow up with your dietician at least once a year to make adjustments as needed.</i> |



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|---------------------------|-------------------------------------------------------------------|
| Eye Doctor's Name: | |
| Phone Number: | |
| Address: | |
| Contact For: | <i>Regular eye checkups by an ophthalmologist or optometrist.</i> |

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|---------------------------|------------------------------------------------------------------------|
| Podiatrist's Name: | |
| Phone Number: | |
| Address: | |
| Contact For: | <i>Regular foot checkups and care (if referred to by your doctor).</i> |

| | |
|---------------------------|------------------------------------------------------------------|
| Pharmacist's Name: | |
| Phone Number: | |
| Address: | |
| Contact For: | <i>Help choosing the right diabetes supplies for your child.</i> |

| | |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Bayer Customer Support | |
| Phone Number: | 1-800-268-7200 <i>9 a.m. to 9 p.m. EST., 7 days a week</i> |
| Contact For: | <i>Answers to any questions you have about the Bayer Care Program, using and troubleshooting your child's blood glucose meter; to order a free replacement battery; and information on other blood glucose meters or products.</i> |



Checking My Child's Blood Glucose Info Sheet

Why Check?

Checking your child's blood glucose is an important part of good diabetes management. Studies have shown it can lower the risk of complications. Keeping track of your child's blood glucose will help your child's healthcare team determine the best treatment for your child and what adjustments are necessary as he or she grows.

How Often Should I Check My Child's Blood Glucose?

Day-to-day: As directed by my child's healthcare team: _____ times/day.

Check more often when:

- Your child is sick
- Your child's diabetes treatment has changed
- Your child has started a new medication
- You think your child's blood glucose may be high or low
- Your child's routine has changed (different schedule, new activities)

When Should I Check My Child's Blood Glucose?

The Canadian Diabetes Association Guidelines recommend testing blood glucose around meals, exercise, taking medication and other daily events that can affect it.

- Test before and two hours after meals to learn how foods affect your child's blood glucose.
- Test before, during and after exercise to learn how exercise affects your child's blood glucose.
- Test before and after your child takes medication to find out how long it takes for the medication to work.
- If your child is on insulin therapy, test during the night to reduce the risk of nighttime hypoglycemia.

Checking My Child's Blood Glucose: My Quick Guide

Step 1: Start fresh

Wash your hands.

Step 2: Get ready

Get your child's meter, lancet device and test strips ready.

Step 3: Test

Choose a different finger every time you test, and remember the side of the fingertip will hurt less. Place the finger pricking device against your child's finger, press the button and squeeze out a drop of blood.

Step 4: Measure

Touch the blood drop to the test strip and hold the test strip in place until the meter beeps and the countdown begins.

Step 5: Record the Results

Use the Bayer Online Blood Glucose Log to record the results online or track your child's results on your computer by downloading ^{WIN}GLUCOFACTS™ at BayerDiabetes.ca

Find out more about using your child's meter at BayerDiabetes.ca.



My Diabetes Shopping List

CONTOUR® users:

CONTOUR® Blood Glucose Test Strips

BREEZE®2 users:

BREEZE®2 10-Test Disc

BREEZE®2 Normal Control

MICROLET®2 Adjustable Lancing Device and Lancets

Spare meter battery: Call Bayer Diabetes Care Support at 1-800-268-7200 to order a FREE battery replacement.

Insulin: Prescription at _____ pharmacy.
 _____ refills remaining as of _____ (date).

Other medications:
 Name of prescription _____ at _____ pharmacy.
 _____ refills remaining as of _____ (date).

Name of prescription _____ at _____ pharmacy.
 _____ refills remaining as of _____ (date).

Our Family Diabetes Schedule

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------------------|--------|---------|-----------|----------|--------|----------|--------|
| Mealtimes: | | | | | | | |
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Snack time | | | | | | | |
| Blood glucose tests | | | | | | | |
| Medication times | | | | | | | |

