You may use the charts below to help you better understand your diabetes. Ask your healthcare provider to review your goals and targets with you. Discuss the results and set up an action plan of things you can do to stay healthy and learn more about diabetes. Write down the dates when you have the tests or exams done and enter the results where appropriate.

### Measurements

<table>
<thead>
<tr>
<th>Measurements</th>
<th>Date and Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1C</strong> (every 3-6 months)</td>
<td>Goal: less than 7% or ___________</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong> (2-4 times a year)</td>
<td>Goal: less than 130/80 or ___________</td>
</tr>
<tr>
<td><strong>Blood Glucose records</strong> (review every visit)</td>
<td></td>
</tr>
<tr>
<td><strong>Cholesterol</strong>, <strong>LDL</strong> (once a year)</td>
<td>Goal: less than 100 or ___________</td>
</tr>
<tr>
<td><strong>Microalbuminuria</strong> (once a year)</td>
<td>Goal: less than 30 or ___________</td>
</tr>
<tr>
<td><strong>Weight</strong> (every visit)</td>
<td>Goal: ___________</td>
</tr>
</tbody>
</table>

### Exams and Vaccinations

<table>
<thead>
<tr>
<th>Exams and Vaccinations</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye exam</strong> (dilated; once a year)</td>
<td></td>
</tr>
<tr>
<td><strong>Foot exam</strong> (2-4 times a year)</td>
<td></td>
</tr>
<tr>
<td><strong>Flu shot</strong> (once a year)</td>
<td></td>
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<tr>
<td><strong>Pneumonia vaccine</strong></td>
<td></td>
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<tr>
<td><strong>Stress test / EKG</strong></td>
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</tr>
</tbody>
</table>

The following are topics that are important to learn about and understand. Place a check mark next to them when you know what to do and have a plan for the following:

- Meal planning
- Weight loss
- Physical activity
- Blood glucose monitoring
- Additional diabetes education
- Sick day care
- Low blood glucose prevention and treatment
- Foot care
- Stress management
- Other: ___________

For more help understanding and managing your diabetes, the following sources of information are available:

**Resources**
- Joslin Diabetes Center Web site and store: [www.joslin.org](http://www.joslin.org) or 888-JO SLIN-1
- American Diabetes Association: [www.diabetes.org](http://www.diabetes.org) or 1-800-DIABETES (1-800-342-2383)

**Referrals**
- A Registered Dietitian - for meal planning: [www.eatright.org](http://www.eatright.org) or 800-877-1600 ext. 5000 (American Dietetic Association)
- A Diabetes Educator - for general diabetes education instruction: [www.diabeteseducator.org](http://www.diabeteseducator.org) or 800-832-6874 (American Association of Diabetes Educators)
- Diabetes Education Programs “Recognized” by the American Diabetes Association for quality: [www.diabetes.org](http://www.diabetes.org) or 800-342-2383
Why Should I Monitor?
By checking your blood glucose, you’ll learn how well your diabetes care plan is working and if your blood glucose is in your target range.

How Do I Check?
You can check your blood glucose with a small device called a glucose meter. Your healthcare team will help you learn how to use your meter.

What Should My Blood Glucose Level Be?
Your blood glucose level changes throughout the day. For example, it may be lower before you eat and higher after you eat. Discuss your target glucose range with your healthcare team.

<table>
<thead>
<tr>
<th>Time of Check</th>
<th>Usual Target for Most People</th>
<th>Your Blood Glucose Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before meals</td>
<td>90 - 130</td>
<td></td>
</tr>
<tr>
<td>Two hours after meals</td>
<td>Less than 160</td>
<td></td>
</tr>
<tr>
<td>Bedtime</td>
<td>110 - 150</td>
<td></td>
</tr>
</tbody>
</table>

My Blood Glucose Monitoring Action Plan:

What to do with the results:
- Write them down on a log sheet or in a record book. Bring them with you to your next appointment.
- Look for patterns in your numbers. All numbers are helpful – there are no “good” or “bad” numbers.
- Your results will help you and your provider make decisions about your diabetes treatment plan.
- Call your provider if the numbers are below ______________ or above ______________

Helpful Hints
Check your blood glucose more often:
- If your diabetes treatment plan is changing
- If you are exercising or are more physically active than usual
- If you think you are having low or high blood glucose
- During periods of stress, if you are sick or just not feeling well
- If you are pregnant (or plan to become pregnant)
People with type 2 diabetes may need to take diabetes medicine. There are various pills that help control blood glucose levels. If you have type 2 diabetes, you can also take insulin or one of the newer injected medicines. Discuss with your healthcare provider what would work best for you. Remember that medicine is only part of good diabetes care. Using your meal plan and being physically active are also important. (Insulin is reviewed in other Joslin EZStart handouts.)

**Diabetes Pills**
- Are only for the treatment of type 2 diabetes
- There are different groups of diabetes pills:
  - Each group works in a different way
  - You may take a pill from more than one group
- You may take both pills and insulin or other injected medicines
- For each kind of pill you take, learn how it works, when to take it and possible side effects
- You must continue using a meal plan and a physical activity plan

**Injectable Medicines** (other than insulin)
- Are only for the treatment of type 2 diabetes:
  - Exenatide (Byetta) is a new kind of medicine that is taken by injection. It comes in a special injection pen. It can be used with metformin (Glucophage), a sulfonylurea, or both to improve glucose levels.
  - Side effects include low blood glucose (hypoglycemia) and possible nausea. Many people feel less hungry and eat less. This may result in weight loss.

**My Diabetes Medicine Action Plan:**
In the chart below, write the name(s) of your medicine, the times to take it (before or with a meal) and the amount(s) to take:

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Time</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Checking Blood Glucose Levels:**
My blood glucose goal level is: Before meals: ________ After meals: ________

Call if blood glucose is out of target per your provider's instruction.

I will check my blood glucose every day at the following times:
Before: ☐ Breakfast ☐ Lunch ☐ Dinner
2-3 hours after: ☐ Breakfast ☐ Lunch ☐ Dinner

**Helpful Hints**
- Keep a written record of blood glucose results. Bring your record to each visit with your healthcare provider.
- Always tell your healthcare provider about all the medicines you take
- Don’t change how you take your medicine without talking with your healthcare provider
It is important to know the name of your diabetes medicine, how it is taken, reasons you take it, possible side effects and how it works. There are different categories of pills that work in different ways. That is why you may take more than one kind of pill, or a “combination pill”.

Circle the names of the pills that you are taking.

<table>
<thead>
<tr>
<th>Type of Pill</th>
<th>Important Facts</th>
</tr>
</thead>
</table>
| **Metformin** | How it works:  
Fortamet (extended release form)  
Glucophage  
Glucophage XR  
Glumetza (extended release form)  
Riomet (liquid form) | ■ Decreases amount of glucose released from the liver |
|  | How it is taken:  
Glucophage XR, Fortamet and Glumetza - usually once a day with a meal  
Riomet - usually taken twice a day with breakfast and evening meal |
|  | Possible side effects:  
■ Bloating, gas, diarrhea  
■ Does not cause low blood glucose |
| **Actos (pioglitazone)**  
Avandia (rosiglitazone) | How it works:  
■ Helps muscle cells use insulin better |
|  | How it is taken:  
Actos taken once a day  
Avandia once or twice a day  
Take it at the same time each day |
|  | Possible side effects:  
■ Weight gain, fluid retention  
■ Does not cause low blood glucose  
Reminder:  
■ Have periodic lab tests to check your liver function |
| **Amaryl (glimepiride)**  
Diabeta (glyburide)  
Glucotrol (glipizide)  
Glucotrol XL (glipizide ER)  
Glynase (micronized glyburide)  
Micronase (glyburide)  
Prandin (repaglinide)  
Starlix (nateglinide) | How it works:  
■ Helps pancreas release more insulin |
|  | How it is taken:  
Take right before a meal, usually breakfast or breakfast and supper, except...  
Prandin and Starlix – take with meals AND, if you skip a meal, skip that dose |
|  | Possible side effects:  
■ May cause low blood glucose |
| **Glyset (miglitol)**  
Precose (acarbose) | How it works:  
■ Slows down the absorption of carbohydrates from the stomach and intestines |
|  | How it is taken:  
Take with first bite of the meal; if not eating, do not take! |
|  | Possible side effects:  
■ Gas and diarrhea  
■ Does not cause low blood glucose |
| **Actoplus Met (pioglitazone & metformin)**  
Avandamet (rosiglitazone & metformin)  
Avandaryl (rosiglitazone & glimepiride)  
Glucovance (glyburide & metformin)  
Metaglip (glipizide & metformin) | How it works:  
■ Called “combination pills”  
Two different medicines blended together  
May decrease the number of pills you take  
May not be right for everyone |

Always ask about the availability of generic medicines.
Insulin is a hormone made by your pancreas and is needed to help move glucose from your blood stream into your cells. People who have type 1 diabetes have to take insulin. People who have type 2 may control their diabetes with pills, but may also be on insulin. Insulin can be taken by injection or it can be inhaled. This handout is about injected insulin. Other Joslin EZStart handouts are available on inhaled insulin.

Taking insulin does not mean your diabetes is “bad” or getting worse, it just means your body is not making enough of its own insulin. If you are starting on insulin for the first time, you may feel nervous or worried. Insulin can help you feel better and can help prevent diabetes complications.

**Facts about Insulin**

1. Insulin can be injected with a needle, using either a syringe or an insulin pen. Your healthcare provider will prescribe the method that will work best for you.
2. Always use the same brand and type of insulin your provider has ordered.
3. Never change your dose of insulin unless you speak with your healthcare provider first.
4. Checking your blood glucose regularly can help you see if you’re taking the amount of insulin that is right for you.
5. Call your healthcare provider if you are having trouble drawing up or injecting your insulin or if you see unusual ups or downs in your glucose levels.

**My Insulin Injection Action Plan:**

**Basal insulin dose:**

The name of my insulin is___________________________________
The number of units I take is_________________________________

I will take this insulin at the following times that are circled:

Before Breakfast  Before Lunch  Before Dinner  At Bedtime

**Bolus insulin dose:**

The name of my insulin is___________________________________
The number of units I take is_________________________________

I will take this insulin at the following times that are circled:

Before Breakfast  Before Lunch  Before Dinner  At Bedtime

Check here: ❑ If I take a rapid-acting insulin I will eat immediately after I take this insulin dose.
❑ If I take a short-acting insulin I will eat 30 minutes after I take my dose.

Checking Blood Glucose Levels:

My blood glucose goal level is: Before meals:__________________  After meals:__________________

Call if blood glucose is out of target per your provider's instruction.

I will check my blood glucose every day at the following times:

❑ Before:  ❑ Breakfast  ❑ Lunch  ❑ Dinner
❑ 2-3 hours after:  ❑ Breakfast  ❑ Lunch  ❑ Dinner

**Helpful Hints**

❑ Call your provider in 2 days if you have just started taking insulin
❑ Discuss what to do when you are sick
❑ Keep using a food/activity plan
❑ Take action if blood glucose goes below 70
1. Wash hands.

2. Roll the bottle if using cloudy insulin, until the insulin is mixed.

3. Wipe top of bottle with alcohol swab.

4. Take cap off. Pull plunger down to _______ units.

5. With bottle on table, put needle into bottle. Push plunger down to push air into bottle.

6. Turn bottle upside down.

7. Pull plunger half way down to draw insulin into the syringe.

8. Push insulin back into bottle.

9. Pull plunger to _______ units. Check for air bubbles. If seen, push insulin back into bottle and repeat steps 8 & 9.
Some insulins can be mixed together and given in one injection. For example, the basal insulin NPH (which is “cloudy” in appearance) can be mixed with rapid-acting “clear” bolus insulins (aspart, glulisine, lispro or regular insulin). The long-acting bolus insulins (detemir and glargine) **cannot** be mixed in the same syringe with other insulins.

**Drawing Up Insulin – Mixed Dose**

1. Get supplies.
2. Wash hands.
3. Roll cloudy bottle.
4. Wipe top of bottle with alcohol swab.
5. Pull plunger down to units equal to cloudy insulin dose.
6. Put needle into bottle of cloudy insulin to push air into bottle.
7. Take needle out.
8. Pull plunger down to units equal to clear insulin dose.
10. Turn bottle upside down. Pull plunger half way down the syringe.
11. Push insulin back into bottle.
12. Pull plunger down to units of clear.
13. Get rid of air bubbles, then take needle out.
14. Put needle into cloudy bottle and turn bottle upside down.
15. Slowly pull plunger down to the total dose = clear____ + cloudy____.
16. If you draw out too much, throw the syringe out and start over.

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Injecting insulin is easy once you learn how. Insulin can be taken as a single dose (one kind of insulin) or as a mixed dose (two kinds of insulin). If you are using an insulin pen, use the same guidelines for injection technique.

How to Store Insulin
Unopened insulin (vials, pens & cartridges):
■ Store in the refrigerator
■ Good until the expiration date
■ Do not freeze

Open Vials
■ May be refrigerated or kept at room temperature (36-86°F)
■ Discard after one month
■ Avoid heat and direct light

How to Dispose of Syringes
■ Check with your local health department
■ Do NOT recap, bend, or break needles
■ Place into non-clear, puncture-resistant container
■ Do NOT label as needles!
■ Do NOT place in recycle bins
What Is Low Blood Glucose?

Low blood glucose (or “hypoglycemia”) is when your blood glucose goes below 70 mg/dL. You may feel symptoms when your blood glucose falls below 70 mg/dL or when blood glucose levels drop quickly even though they may be in your target range. Untreated low blood glucose can be very serious.

What Causes Low Blood Glucose?

- Not enough food or a missed meal
- Too much diabetes medicine
- Too much or unplanned physical activity
- Drinking alcohol without eating

What Are the Warning Signs?

You may feel:
- Sweaty, shaky, or dizzy
- Irritable or confused
- Hungry

You may have:
- A headache
- Changes in your vision
- Difficulty focusing on a task

My Low Blood Glucose Action Plan

1. Check blood glucose, if possible, to be sure that it is low. You can’t always go by symptoms. If in doubt, treat your low blood glucose anyway.
2. Take 15 grams of carbohydrate (carb). Here are some choices:
   - 4 oz. fruit juice
   - 6 oz. regular soda
   - 3-4 glucose tablets
   - 7-8 jelly beans
3. Recheck blood glucose after 10-15 minutes. If blood glucose is still low (less than 80 mg/dL) repeat the treatment (step 2).
4. If your next meal is more than one hour away, eat a small snack.
5. If you’re not sure what caused your low blood glucose, call your healthcare provider.

Helpful Hints

- Always carry hypoglycemia treatment food with you
- Check your blood glucose before and after doing physical activity, before you drive or use heavy machinery
- Wear identification, such as a bracelet, stating that you have diabetes
- Teach family, friends and coworkers to recognize the signs, symptoms and treatments of low blood glucose
- In rare cases, your blood glucose level may fall so low that you pass out. Someone close to you should know how to give you an injection of a medicine called glucagon. Glucagon helps to bring your blood glucose back up quickly. Ask your healthcare provider for a prescription for glucagon.
There is a lot you can do to reduce your risk for complications of diabetes. Complications may involve your heart, blood vessels, feet, eyes, nerves or kidneys. Keeping your blood glucose levels in your target range and your A1C less than 7% are the first steps in preventing complications. Take a look at the lists below. Find what you are already doing well. Choose one or two things you can start doing. You’ll be taking the right steps to a healthier you!

**Take Care of Your Heart and Blood Vessels**
- Keep your blood pressure less than 130/80
- Get your LDL (bad) cholesterol checked once a year and keep it under 100 (or under 70 if you have a history of heart disease)
- Be more active
- Lose weight if you need to
- Eat less saturated fat and animal protein, and eat fewer salty foods
- Ask about medicines to lower your blood pressure and cholesterol

**Take Care of Your Feet**
- Check your feet daily for redness, cracks, cuts or sores; treat cuts immediately
- File your toenails instead of cutting them
- Wear shoes that fit well and don’t go barefoot
- Remove your shoes and socks for a foot check at each appointment
- See a foot doctor if you have pain or loss of feeling in your feet

**Take Care of Your Eyes**
- Have a dilated eye exam every year
- See an eye doctor if you have any pain or problems with your vision
- Keep your blood pressure less than 130/80

**Take Care of Your Kidneys**
- Get a urine test for “microalbumin” (tiny amounts of protein) at least once a year
- Keep your blood pressure less than 130/80
- Ask about medicines that can help control your microalbumin and your blood pressure

**Helpful Hints**
- Check your blood glucose levels regularly; know what to do with your results
- Control your blood glucose as best as you can; don’t delay insulin if it is necessary
- Take your medicines as prescribed
- If you smoke, stop!
- Ask about taking a daily aspirin
- See your dentist for regular checkups
- Get a flu shot every year
- Ask for referrals to medical specialists if needed for eyes, feet and kidneys; keep your appointments
- Ask for a referral for diabetes education and nutrition counseling
Eating the right types and right amounts of foods can help you control your diabetes and achieve a weight that is healthy for you.

Eat a variety of foods from all food groups.

Eat about the same amount of carbohydrate foods each day.

Eat meals at the same time each day and don’t skip meals.

Eat less if you want to lose weight.

Tips to Make a Healthy Meal

- Fill 1/2 of your plate with non-starchy vegetables (broccoli, green beans, carrots)
- Fill 1/4 of your plate with carb (bread, potato, rice, pasta or starchy vegetables)
- Fill 1/4 of your plate with protein foods (3-4 ounces of lean meat, poultry or fish)
- Use 1-2 tsp. of tub margarine or a heart-healthy vegetable oil
- Add a small piece of fruit or 8 ounces of skim/low-fat milk

Ask your healthcare provider for help in scheduling a visit with a registered dietitian (RD).
What Is Carbohydrate Counting?
Carbohydrate, or carb, counting is a way to plan meals and snacks to manage your diabetes. All carbs affect your blood glucose. Eating about the same amount of carb at each meal will help keep your blood glucose steady. Review the list below and find the foods you might eat. Figure out how many carbs they contain. For example, if you eat one cup cooked rice, you’ve eaten 3 carb choices or about 45 grams of carb.

Carb Choices
Each one of these foods in the serving size listed contains about 15 grams of carb.

**Starches**
- 1 slice bread or small roll
- 1/3 cup cooked rice or pasta
- 1/2 cup peas, corn, beans or lentils
- 3/4 cup cereal
- 6 saltine crackers

**Fruit**
- 1 small fruit
- 1/2 cup canned fruit or juice

**Milk/ Yogurt**
- 1 cup nonfat or low-fat milk
- 3/4 cup light yogurt

**Sweets**
- 1/2 cup ice cream, frozen yogurt
- 2 small cookies
- 1 Tbsp. jam, sugar, or honey

How many carbs should I eat?
Until you see a dietitian, aim to keep the amount of carb you eat the same at each meal.

**Breakfast**
Eat 2-3 carb choices (30-45 grams carb). Include a low-fat protein source like milk or yogurt.

**Lunch and Dinner**
Eat 3-4 carb choices (45-60 grams carb). Include fruit and non-starchy vegetables. Choose small portions of low-fat protein foods.

**Snack**
If needed, eat 1-2 carb choices (15-30 grams carb).

How do I read a food label?
- Find the serving size at the top of the label
- Decide how much you will eat
- Find the total carbohydrate grams per serving
- One carbohydrate serving = 15 grams of carb
- Dietary fiber and sugar are part of the total carbohydrate

**Nutrition Facts**
- Serving Size 2 cookies
- Amount Per Serving
  - Calories 120
  - Calories from Fat 60
  - Total Fat 7g
  - Saturated Fat 1g
  - Trans Fat 1g
  - Cholesterol 0mg
  - Sodium 110mg
  - Total Carbohydrate 18g
  - Dietary Fiber 1g
  - Sugars 2g
  - Sugar Alcohol 5g
  - Protein 2g

My Healthy Eating Action Plan:
- Start measuring my carb choices and aim for_________choices per meal.
- Read food labels for serving size and total grams of carb.
- Eat meals and snacks at about the same times each day.
- Eat less of the following foods:
- Make an appointment to meet with a dietitian for my own meal plan.
High blood glucose or “hyperglycemia” is when your blood glucose is above your target goals. In general, if blood glucose levels go above 160, it is considered too high. If your glucose levels run high, you can feel tired and thirsty. You may urinate more often. Or, you may not feel any symptoms. However, high blood glucose causes damage over time if left untreated.

Illness may raise blood glucose. If you have an infection, the flu, undergo a procedure or surgery, or have dental problems, your blood glucose may be higher than usual. It is important to know what to do differently on a sick day, because untreated high blood glucose levels can lead to dehydration and very high blood glucose levels.

Learn what causes your blood glucose levels to go up and to go down and what to do in case you get sick.

What Will Raise or Lower Blood Glucose Levels?

**RAISES GLUCOSE**
- Too much food
- Skipped or not enough diabetes medicine
- Illness, surgery or stress
- Less activity than usual

**LOWERS GLUCOSE**
- Not enough food
- Too much diabetes medicine
- More activity than usual
- Alcohol

**How Should I Care for My Diabetes if I’m Sick?**
- Check your blood glucose every 3-4 hours
- Take your diabetes medicines as you usually do
- Drink plenty of fluids. Aim for 8 ounces or one cup every hour.
- Call for help if:
  - You can’t take in fluids or can’t keep them down
  - Your blood glucose is 250 or higher twice in 24 hours
  - You have stomach pains that don’t go away
  - You have nausea or diarrhea
  - You have a fever of 101° or more
  - You are not sure what to do

**What if I Don’t Feel Like Eating?**
- Try to eat or drink foods containing carbohydrate, such as:
  - Apple sauce
  - Apple juice
  - Creamed soup
  - Fruit yogurts
  - Regular ice cream
  - Regular fruit gelatin
  - Regular soda
  - Saltines

Even though you may not be eating your usual amount of food when you’re sick, you still need to take your usual dose of diabetes medicine. You might even need to take more! Check with your healthcare provider if you’re not sure what to do.
Exubera® is a kind of insulin that can be inhaled. You take it before each meal using a special device called an inhaler. The insulin is a dry powder that comes in small foil packages called blisters. The insulin is a rapid-acting or “bolus” insulin, so it is very important to make sure you eat within 10 minutes after taking it. It works hardest about 2 hours after you take it, but it can keep working for up to 6 hours.

**Helpful Hints**

- Write the date you first use the inhaler at the bottom of the handle. This will remind you to replace it in one year.
- Stand or sit. Do not use while lying down.
- If you take more than one blister for any dose, insert only one pack at a time.
- Once you release the cloud of insulin, you must inhale the insulin right away. Don’t set the inhaler aside to take it later.
- After you inhale, hold your breath for 5 seconds.
- Do not use if you smoke, even occasionally. Do not use if you’ve smoked within the last 6 months.
- If you get a cold or feel sick, you’ll need to check your blood glucose more often. Call your provider.
- Ask for Part 2 of this handout to learn more about inhaled insulin, including cleaning and caring for your inhaler, preventing and treating low blood glucose and what to do if you forget to take a dose.

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**Step 1:** Load blister into the slot.

**Step 2:** Apply pressure by squeezing the handle shut.

**Step 3:** Release cloud of insulin into the chamber.

**Step 4:** Inhale the insulin.

---

**My Exubera Insulin Plan:**

Dose of Exubera **at each meal:**

- __________ mg
  - 1 mg (green) blisters
  - 3 mg (blue) blisters

- Write down the results of your blood glucose monitoring. Discuss with your provider.
- Know what to do if your blood glucose goes below 70.
- Clean your inhaler weekly and change the insulin release unit every 2 weeks.

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As of July, 2006 only one inhaled insulin is available. Its product name is Exubera and it is manufactured by Pfizer Inc.

For more detailed information see the Exubera product instructional guides or call 1-800-EXUBERA (24/7); www.exubera.com.
Insulin may be taken by breathing it into the lungs using a special inhaler. It offers another option for people who may not want to take more injections. Inhaled insulin may be used by itself, with diabetes pills or with a long-acting or “basal” (background) insulin. Discuss these options with your provider.

Is Inhaled Insulin Safe for Anyone to Use?
Inhaled insulin is approved for use by adults with type 1 or type 2 diabetes with no history of lung problems. Before starting this medicine, have a “pulmonary function test” to measure how well your lungs are working. This test will be repeated 6 months after you start using inhaled insulin and then once a year after that to make sure your lungs are staying strong and healthy.

Are There Any Risks to Using Inhaled Insulin?
Insulin works very well to lower blood glucose. However, it can also bring blood glucose levels too low if you do not eat enough, your insulin dose is too high or you take too much, or you have too much, or unplanned, activity. It will be important for you to know how to treat a low blood glucose level and to check your blood glucose often using a blood glucose meter to see how the insulin is working. Write the numbers down in a log book and discuss them with your provider if they are not in your target range. Your provider may suggest the dose be changed. Have a low blood glucose action plan and keep carbohydrate or sugar treatments at home, work and in the car in case your glucose goes too low.

Do not use inhaled insulin if you smoke, even if you are only an occasional smoker or have smoked once in the last 6 months.

Inhaled insulin may lower your lung function so make sure you have the lung function tests ordered by your provider.

What Should I Do if I Forget to Take a Dose?
If you forget to take it before your meal but remember while you are eating, you can take it within a few minutes of finishing your meal. However, if more time has passed, it is best to just skip that dose and continue with your next dose at your next meal as usual. Don’t double up at the next dose. If you check your blood glucose before the next meal, you may notice it is higher than usual. You might find it helpful to get an extra inhaler to keep at work or as a back-up in case you forget it somewhere.

Only use the inhaled insulin blisters according to instructions. Don’t make substitutions. For example, three 1 mg blister doses do not work the same as one 3 mg blister dose.

How Do I Care for My Inhaler and Insulin?
- Clean your inhaler at least once a week. Wash the chamber and mouthpiece using mild soap and a soft cloth. Wipe the base, but keep it away from water.
- Keep the inhaler and insulin blisters at room temperature in a dry place away from excess moisture. Keep them away from humid places such as a bathroom. Do not refrigerate.
- Replace the insulin release unit every 2 weeks. Replace the entire inhaler every 12 months.

Additional Action Plan:
- Have a low blood glucose treatment plan:
  If my blood glucose falls below 70 (or ____________), I will take 15 grams of carbohydrate such as 1/2 cup juice or non-diet soda or 3-4 glucose tablets.
  What I’ll use: ___________________________ Where I’ll keep it: ___________________________.
- Ask your provider for information on “Sick Days”, “Low Blood Glucose”, “Monitoring Blood Glucose” and “Meal Planning” if you are not sure what to do.

For more detailed information see the Exubera product instructional guides or call 1-800-EXUBERA (24/7); www.exubera.com.