FREE GUIDE

The First 30 Days After Your Type 2 Diabetes Diagnosis

What I wish someone had told me on day one

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Includes 5 printable tools: five-number card, doctor visit sheet, 2-week food + glucose log, plate method, low-sugar quick card.

A Note From Me

You are probably reading this with a knot in your stomach.

Maybe you just left the clinic. Maybe it's late at night and you've been searching "type 2 diabetes" for an hour, and every page says something different. One says never eat bread again. Another says it's all fine in moderation. A third is selling you a powder.

I know that feeling, because I have type 2 diabetes. I also have high blood pressure and kidney disease. I almost died twice. I lost half of my sight. At one point I was slated for dialysis.

I'm not telling you that to scare you. I'm telling you because I want you to know who is writing this. I'm not a doctor. I'm not a guru. I'm a regular person who got the diagnosis, got it badly wrong for a while, and then slowly got it right. My A1C went from 9 to 6.5. It took time and a lot of boring, repeatable habits. It did not take a miracle.

So let me say the one sentence I needed to hear and didn't:

This is not the end of the world.

Type 2 diabetes is one of the few serious conditions where your everyday choices have real, measurable power. You found out. That matters more than you think. Plenty of people carry this for years without knowing.

How this guide works

The next 30 days are split into four weeks. Each week has **one job**. Not ten jobs. One.

- **Week 1:** Stay steady and learn the few numbers that matter.
- **Week 2:** Learn how to eat without joining a diet cult.
- **Week 3:** Add movement and a simple testing habit.
- **Week 4:** Find your own pattern and bring it to your doctor.

At the end of every chapter there is a box called **Your One Action**. If you do nothing else in that chapter, do that. Small, finished actions beat big, abandoned plans every time.

You don't need to be perfect. You need to be consistent enough, for long enough. That's all this has ever been.

Let's go.

Chapter 1: The First Few Days

Fear is normal. Here is what to do with it.

What actually happened to you

Let's strip the word "diabetes" of its power for a minute.

When you eat, your body breaks food down into sugar (glucose). A hormone called insulin moves that sugar out of your blood and into your cells, where it becomes energy. In type 2 diabetes, that system has become less efficient. Your cells respond less to insulin, and over time your body may also make less of it. Sugar builds up in the blood.

That's it. It's a plumbing and signaling problem. It is not a moral failing, and it is not a punishment.

I carried a lot of shame in my first months. I thought I'd done this to myself and didn't deserve help. That thinking made everything harder, because shame makes you avoid your doctor, avoid your meter, and avoid the truth. Please don't do that to yourself.

Genes, age, family history, sleep, stress, and plain bad luck all play a part. Lifestyle matters, yes, and that's the good news: it means you have something to work with. But how you got here is not the question that matters now. **What you do next is.**

Why the first days feel so awful

Two things are happening at once.

1. **Your brain is doing worst-case math.** You hear "diabetes" and your mind jumps to amputations, blindness, dialysis. Those outcomes are real, which is exactly why I'm taking this seriously, but they are what happens when it goes unmanaged for many years. You are at the very beginning of managing it.
2. **You are being flooded with advice.** Relatives, coworkers, strangers online. Everyone has a cure.

Your job in these first days is not to fix anything. Your job is to **stabilize and listen**.

The panic list

When the fear spikes, and it will, do these five things in order instead of searching the internet:

1. **Drink a glass of water.** Dehydration makes everything feel worse.
2. **Eat something with protein** if you haven't eaten. An egg, some nuts, plain yogurt.
3. **Walk for ten minutes.** Outside if you can. It lowers sugar a little and fear a lot.
4. **Write the worry down**, along with the one question it raises. Then put a date next to it: "ask at my next appointment."
5. **Close the search tabs.** You have a plan now. You're holding it.

I wish someone had handed me that list. I spent weeks in a spiral that did nothing for my numbers and a lot for my stress.

What not to do in week one

- **Don't buy supplements.** No powder, capsule, or "blood sugar formula" has earned a place in your first week. Some can interact with medication. Ask your doctor or pharmacist before taking anything.
- **Don't stop or change your medication on your own.** If a medicine bothers you, call your doctor. Don't quit quietly.
- **Don't starve yourself.** Skipping meals to "undo" a high number can backfire, especially if you're on medication that can cause low blood sugar.
- **Don't announce a total life overhaul.** The all-or-nothing plan fails around day nine. You'll feel like you failed. You didn't. The plan was too big.

Tell one person

If you can, tell one person who loves you. Not the whole family group chat. One person. Say: "I have type 2 diabetes. I'm okay. I'm learning. I might need you to walk with me sometimes."

Carrying this alone is heavier than it needs to be.

> **YOUR ONE ACTION**
> **Tonight, tell one person you trust. Then do the panic list once, even if you aren't panicking, so you know it works.**

Chapter 2: Week 1

Five numbers, three questions, one note card

In week one you don't need to master diabetes. You need to **know your own numbers** and **know what to ask**. Think of it like getting the keys to the car before learning to drive.

Grab an index card or open a note on your phone. Write down these five things. Ask your clinic for any you don't have.

Number 1: Your A1C

The A1C blood test shows your **average blood sugar over roughly the past three months**. It's reported as a percentage. Higher means more sugar has been sticking to your red blood cells.

Mine was **9**. Yours might be 7, or 8, or 11. It's just a starting line. It tells you where you are, not who you are.

The reason A1C matters: it's the number that reflects the long game. A single bad meal won't change it much. A few months of steadier habits will.

Number 2: Your fasting glucose

This is your blood sugar first thing in the morning before you eat. It gives a snapshot of how your body handles things overnight.

One reading is one reading. A high number on one morning does not mean you failed. Sleep, stress, an illness coming on, or last night's dinner can all move it. We're after patterns, not single scores. More on that in Week 4.

Number 3: Your blood pressure

Two numbers, like 130/80. If you also have high blood pressure, as I do, the two conditions work as a team against your heart, eyes, and kidneys. Keeping both steady protects the same organs. Ask for your reading at every visit and write it down.

Number 4: Your kidney numbers

Ask for your **eGFR** (a measure of how well your kidneys are filtering) and a **urine albumin test** if you haven't had one. Diabetes is one of the leading causes of kidney disease, and early kidney damage has **no symptoms**. I learned that the hard way. Catching it early changes everything.

If your numbers are normal, wonderful. Now you have a baseline to compare against next year.

Number 5: Your medication list

For each medicine, write down **what it's for, in your own words**. "Metformin: helps my body use insulin better and lowers sugar made by my liver." If you can't explain it, ask the doctor or pharmacist to explain it again. That is a completely normal request.

Three questions for your first follow-up

1. **"What is my personal A1C target?"** Targets aren't identical for everyone. Age, other conditions, and risk of low blood sugar all change them.
2. **"Which one number should I focus on most right now?"** Naming one priority stops the overwhelm.
3. **"What would make you want to see me sooner than planned?"** Get specific warning signs in writing.

Bring a notebook. Appointments are short and your brain will be foggy with nerves. Writing down the answers is not rude. It's smart.

A word about getting the full picture

Diabetes doesn't live alone. It can touch your eyes, nerves, feet, kidneys, and heart. Ask your doctor about:

- A **dilated eye exam** each year
- A **foot check** at your appointments
- **Kidney tests** (the ones above)
- **Cholesterol** and cardiovascular risk

This isn't to frighten you. These checks are how problems get caught while they're small. I lost half my sight partly because things were caught late. You're catching things early. That's your advantage.

YOUR ONE ACTION

Fill in your five-number card with whatever you know, and mark the blanks as "ask." Put your three questions on the back.

Chapter 3: Week 2

Eating without the diet cult

Here is something the diet industry doesn't profit from telling you:

Every credible approach to type 2 diabetes agrees on far more than it disagrees on.

Low-carb, Mediterranean, plant-forward, and the plate method your dietitian hands out all say roughly the same core things. The loud arguments are about the edges. For your first month, ignore the edges.

Why you've heard so many contradictions

One doctor says "just eat better." The internet says "cut carbs or you'll die." A friend swears by fasting. Another swears you must never skip breakfast.

Nobody is entirely lying, and nobody is entirely right for you. Bodies differ. Some people spike hard on rice and barely move on oatmeal. Others are the opposite. That's why Week 4 is about **finding your own pattern** instead of adopting someone else's rulebook.

Until then, here is the common ground.

What nearly everyone agrees on

- **More vegetables and fiber.** Non-starchy vegetables (leafy greens, broccoli, peppers, cucumbers, tomatoes, green beans) have little effect on blood sugar and fill you up.
- **Protein with your meals.** It slows digestion and keeps you full.
- **Fewer sugary drinks.** Soda, sweet tea, juice, sweetened coffee drinks. Liquid sugar hits fast and hard. If you change only one thing, change this one.
- **Smaller portions of starchy carbs, not zero.** Rice, bread, pasta, potatoes, and tortillas aren't forbidden. They get a smaller seat at the table.
- **Fewer ultra-processed snacks.** Not because they're "evil," but because they're easy to overeat and rarely fill you up.

The plate method

You don't need to count anything. Picture your dinner plate:

- **Half:** non-starchy vegetables
- **One quarter:** protein (fish, chicken, eggs, beans, tofu, lean meat)
- **One quarter:** carbs you actually enjoy (rice, potato, bread, pasta, fruit)

That's the whole system. Yes, enjoy. A plan that bans everything you love lasts about eleven days. A plan that shrinks it lasts years.

The eating-order trick

This is the single best free trick I know.

Eat your vegetables and protein first. Eat the starchy carbs last.

Same meal, same food, often a noticeably smaller blood sugar spike. Researchers have studied this, and many people see the difference on their own meter. The fiber and protein slow how fast the carbs hit your blood.

You don't have to give up the rice. You just eat it after the chicken and greens.

Drinks, simply

- **Water** is your default.
- **Unsweetened tea or black coffee** are fine.
- **Diet sodas and sweeteners:** the research is mixed and I won't pretend otherwise. Many people use them as a bridge away from sugary drinks. Use your judgment and your meter.
- **Juice, even "natural" juice,** acts like sugar water in your blood. Treat it as a treat, not a health food.
- **Alcohol:** talk to your doctor. It can cause low blood sugar, especially with certain medicines, and it interacts with kidney and liver health.

A very important note if you also have kidney problems

This is where I part ways with a lot of generic advice. If you have kidney disease like I do, "eat more protein" and "load up on beans, bananas, and spinach" can **cause problems**, because damaged kidneys may struggle with excess protein, potassium, or phosphorus.

If your kidney numbers aren't normal, **ask your doctor or a renal dietitian before changing your protein or potassium intake.** Don't apply a generic diabetes plan to kidney disease without checking. It's a common, dangerous gap, and almost no diabetes book mentions it.

Culture, family, and real life

Maybe your family cooks with lots of rice, or tortillas, or bread, or sweet tea. Maybe celebrating means food. Nothing in this guide asks you to abandon your culture.

You can keep the dishes you love. You change the **proportions, the order, and the frequency**. Make the vegetables bigger. Eat the starch last. Keep the celebration meals for celebrations.

Your first experiment: be your own scientist

Here is the experiment that changed how I saw my body:

1. Pick the meal where you suspect you spike the most.
2. Check your blood sugar **right before** eating.

3. Eat your normal meal. Check again **two hours after your first bite**.
4. Another day, eat a **smaller portion of the starch** (or eat it last). Check again at two hours.
5. Write both results down.

Now you have real data about your body, not a stranger's opinion. If you don't have a meter yet, ask your doctor about one. Many pharmacies sell basic ones affordably.

YOUR ONE ACTION

Swap one sugary drink for water or unsweetened tea every day this week, and eat the vegetables and protein first at dinner. Two changes. That's all.

Chapter 4: Week 3

Movement that works, testing that doesn't take over your life

You don't need a gym

When I was told to "exercise," I pictured treadmills and sweat. I did nothing for weeks. That was a mistake born of a wrong picture.

What you need isn't fitness. It's **muscle that soaks up sugar.** When your muscles work, they pull glucose out of the blood, sometimes without needing much insulin at all. Movement is a medicine you can take for free.

The ten-minute walk

If I could give you one habit, it's this:

Walk ten to fifteen minutes after your two biggest meals.

A short, easy walk after eating often blunts the post-meal spike noticeably. It doesn't have to be fast. A stroll around the block counts. A slow lap around your living room counts.

Why it works: your muscles are using the sugar that just arrived instead of letting it pile up in the blood.

If walking is hard for you because of pain, balance, vision, or neuropathy, tell your doctor and ask about seated or gentle options. I've had to adapt around my own limits. There's always a version.

Two times a week: wake up the big muscles

Muscle is where most of your body stores glucose. More muscle, more storage space. You can build it at home:

- **Sit-to-stands:** stand up from a chair and sit down slowly, 8 to 10 times
- **Wall push-ups:** lean into a wall and push away
- **Resistance bands**, or **grocery bags** as weights
- **Heel raises** while you hold the kitchen counter

Start with five minutes. Add a little each week. Don't chase soreness.

Safety notes (please read)

- If you take insulin or certain diabetes pills, **exercise can lower your blood sugar enough to cause lows.** Ask your doctor how to handle that and keep a fast sugar source nearby.
- If you have **foot numbness or sores**, wear proper shoes and check your feet daily.
- If you get chest pain, unusual breathlessness, dizziness, or vision changes, **stop and get medical help.**

- Check with your doctor before starting anything intense.

The testing habit

Testing is how you turn guesswork into information. But it can become an obsession, so keep it light.

The simple routine:

- Test **at the same time each day**, usually first thing in the morning (fasting).
- On a few days a week, also test **two hours after a main meal.**
- Write down **what you ate** next to the number.

After two weeks, you'll notice your own personal spike foods. Nobody can tell you those. Only your meter can.

Meter tips nobody tells you

- **Wash your hands with soap and warm water first.** Fruit juice, lotion, or sugar on a fingertip can make a reading read far too high.
- **Use the side of the fingertip,** not the pad. It hurts less.
- **Don't squeeze hard.** It dilutes the sample with other fluid.
- **Check test strip expiry dates.** Old strips give bad numbers.
- **Don't panic over a single reading.** Test again if something seems off, and look at the pattern.

What the numbers can feel like (and when to act)

Targets are personal, so confirm yours with your doctor. As rough orientation only:

- Many guidelines suggest a fasting range of roughly **80 to 130 mg/dL** and under about **180 mg/dL two hours after a meal** for many adults with diabetes. Yours may differ.
- **Below 70 mg/dL** is generally considered low. Signs: shaking, sweating, sudden hunger, confusion, a pounding heart. If you're on medication that can cause lows, learn the rule: take about 15 grams of fast carbs (glucose tablets, half a cup of juice), recheck in 15 minutes, and repeat if still low. Tell your doctor afterward.
- **Very high readings with nausea, vomiting, extreme thirst, confusion, or trouble breathing are an emergency.** Seek medical help right away.

Sleep, the quiet number-mover

One bad night of sleep can raise your next-morning sugar more than dessert did. Poor sleep raises stress hormones, which tell your liver to release sugar.

Don't aim for perfect sleep. Aim for a **consistent bedtime**, a cooler dark room, and screens away for the last half hour. If you snore heavily or wake gasping, mention it to your doctor. Sleep apnea and diabetes are tightly linked.

Stress

Stress hormones raise blood sugar, too. You can't delete stress, but you can interrupt it: a walk, slow breathing, a call with a friend, ten minutes of quiet. This isn't fluff. It affects your numbers.

YOUR ONE ACTION

Pick your largest meal and take a ten-minute walk right after it, every day this week. Test two hours after a couple of those meals and note what you see.

Chapter 5: Week 4

Find your pattern and walk into your appointment prepared

By now you've got roughly three weeks of notes: some numbers, some meals, some walks. Don't judge them. **Read them like a detective.**

The three questions your log answers

1. **Which meal spikes me the most?** (Often breakfast. Cereal, toast, juice, and sweet coffee drinks are repeat offenders.)
2. **Which "healthy" food surprised me?** Some people spike on oatmeal or a fruit smoothie but not on rice and beans. Yours may be different from anyone's.
3. **What does a good day look like for me?** That's your personal normal, and it's more useful than any chart.

Circle the patterns. Even three small insights are enough.

Doctors love this (and almost no one does it)

Most patients arrive and say "I think it's been okay." A doctor can't do much with that. If you arrive with a one-page log showing meals, walks, and numbers, you're giving them real data they can use to adjust treatment instead of guessing.

Bring:

- Your five-number card
- Your food-and-number log
- Your list of side effects or concerns
- Your list of questions

Questions for your one-month appointment

- "Based on my numbers, is my current plan working?"
- "Should my medication change, and why?"
- "Is a continuous glucose monitor worth considering for me?"
- "Can I see a diabetes educator or dietitian?" (Often covered by insurance. Ask.)
- "What should my next three months look like?"
- "When should I recheck my A1C and kidney numbers?"

Diabetes education is underused

One of the best things I did, and one of the things I did too late, was meet a certified diabetes educator or dietitian. They translate generic advice into your life, your culture, your budget, and your other conditions. Ask your doctor for a referral. If cost worries you, ask the clinic about community programs, since some are free or low-cost.

Don't forget your mind

Diabetes distress is a real, recognized thing: the weariness of managing a condition that never takes a day off. Feeling overwhelmed, angry, or flat isn't weakness. It's common. If it sits on you for weeks, tell your doctor. Treating your mood is part of treating your diabetes.

YOUR ONE ACTION

Circle your three biggest patterns in your log and write your top three questions. Book (or confirm) your follow-up appointment.

Chapter 6: What Happens After Day 30

The long game is gentler than you think

Progress isn't a straight line

Some weeks everything will be steady. Other weeks a stressful job or a family event will spike you for no obvious reason. That's normal. It isn't failure. It's a body doing what bodies do.

I want to be honest about my own timeline. **Dropping my A1C from 9 to 6.5 took about a year of these small habits**, not 30 days. I hit plateaus, had setbacks, and some months I barely did anything right. What mattered was returning to the basics each time.

The first 30 days don't fix diabetes. They **set the direction.** And direction is everything.

The habits that compounded for me

1. **Walking after meals.** It sounds too simple. It works.
2. **Eating vegetables and protein first.**
3. **Cutting liquid sugar.**
4. **Testing enough to learn, not enough to obsess.**
5. **Showing up to appointments with data.**
6. **Protecting my kidneys and blood pressure alongside my sugar,** because I couldn't afford to protect only one.

None of these are exciting. All of them stack.

When you slip

You will have a day, maybe a weekend, where you eat everything and skip every walk. When it happens:

- Don't punish yourself. Punishment leads to hiding, and hiding leads to giving up.
- Don't "make up for it" by starving.
- Take the next ordinary step: the next meal, the next walk.

The question is never "Was I perfect?" It's "Did I come back?"

Build a small support team

- **A doctor you can talk to honestly**
- **A dietitian or diabetes educator**
- **One person at home** who knows your plan
- **A community** (online or in person) of people who get it, but be careful: choose spaces that share experience without selling miracle cures

Red flags to avoid

As you learn more, you'll run into people selling certainty. Be wary of anything promising to:

- "Reverse diabetes in days"
- Replace your medication with a supplement
- Tell you doctors are hiding a cure
- Charge a lot for a "secret protocol"

Real progress is slower, cheaper, and less dramatic. Remission is possible for some people with significant weight loss and sustained habit change. Ask your doctor whether it's realistic for you, and never stop medication without their guidance.

Your 30-Day Checklist

Week 1: Steady - ☐ Told one trusted person - ☐ Filled out my five-number card - ☐ Wrote three questions for my doctor - ☐ Did the panic list at least once

Week 2: Eat - ☐ Swapped one sugary drink for water or unsweetened tea - ☐ Used the plate method at dinner - ☐ Ate vegetables and protein first - ☐ Ran my first meal experiment (small vs. usual portion)

Week 3: Move and test - ☐ Walked 10 minutes after my biggest meal most days - ☐ Did two short strength sessions - ☐ Tested at the same time each morning - ☐ Kept a consistent bedtime

Week 4: Understand - ☐ Reviewed my log for three patterns - ☐ Wrote my top questions - ☐ Booked or confirmed my follow-up - ☐ Asked about a diabetes educator or dietitian

Quick Reference: When to Get Help Right Away

Contact a doctor or emergency services if you have:

- Blood sugar **below 70 mg/dL** that doesn't come up after treatment, or low sugar with confusion or fainting
- **Very high sugar** with vomiting, extreme thirst, fruity breath, confusion, or trouble breathing
- **Chest pain**, sudden weakness, trouble speaking, or sudden vision loss
- A **foot wound** that is red, swollen, or isn't healing

When in doubt, call. No one has ever regretted asking a nurse a question.

A Last Word From Me

If you take just one thing from these pages, take this: **you are not behind, and you are not broken.** You were handed a hard piece of news and you're doing something about it. That's the whole game.

I'm still learning. I still have bad days. But I'm here, I can see enough to write this, and I'm doing better than I was when I first got the news. If I can get there from where I started, you can find your version.

One small step at a time. One walk after dinner. One honest conversation with your doctor.

You've got this. And you are not alone.

— **Hardy**

Ready for the next step?

This guide gets you through the first 30 days. These short, practical guides (each $6.99) go deeper on the things people ask about most next:

> **Keep a Dinner Window That Fits Real Life**
> A flexible evening routine for steadier sleep and glucose.
> whop.com/hardy-s-bazaar/products/keep-a-dinner-window-that-fits-real-life-type-2-diabetes-ebook

> **Respond to Unexpected Readings Without Rechecking Both Numbers**
> What to do when a glucose or BP number surprises you.
> whop.com/hardy-s-bazaar/products/respond-to-unexpected-readings-without-rechecking-both-numbers

> **Afternoon Snacks for Newly Diagnosed Office Workers with Type 2 Diabetes**
> Simple snacks that keep the 3 pm crash away.
> whop.com/hardy-s-bazaar/products/afternoon-snacks-for-newly-diagnosed-office-workers-with-type-2-diabetes

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Sources and further reading: American Diabetes Association "Standards of Care in Diabetes"; Centers for Disease Control and Prevention (CDC) diabetes resources; National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

Disclaimer: This guide is for general education and reflects the author's personal experience. It is not medical advice, diagnosis, or treatment. Always consult your own healthcare provider about your care, medications, and any changes to diet or exercise, especially if you have kidney disease, take insulin or other glucose-lowering medicine, or are pregnant.

Tool 1: Your Five-Number Card

Fill in what you know. Mark the blanks "ask" and bring this to your doctor.

Number	Mine	Date	Notes / what to ask
A1C 3-month average			
Fasting glucose morning, before eating			
Blood pressure two numbers			
eGFR kidney filtering			
Urine albumin early kidney check			

My medicines: what each one is FOR

Medicine	Dose / when	What it does (in my words)

My personal targets (ask my doctor)

A1C target: _____ Fasting range: _____ After-meal limit: _____

Tool 2: Doctor Visit Sheet

Appointments are short and nerves make you forget. Write the answers down.

Bring with me

☐ Five-number card ☐ Food + glucose log ☐ Medicine list ☐ Questions below

My top questions

1. **What is my personal A1C target?**

2. **Which one number should I focus on most right now?**

3. **What would make you want to see me sooner?**

4. **Is my current plan working? Should my medicine change?**

5. **Can I see a diabetes educator or dietitian?**

6. **When should my A1C and kidney numbers be rechecked?**

Other things I want to mention

What the doctor said / next steps

Next appointment: _____

Tool 3: Two-Week Food + Glucose Log

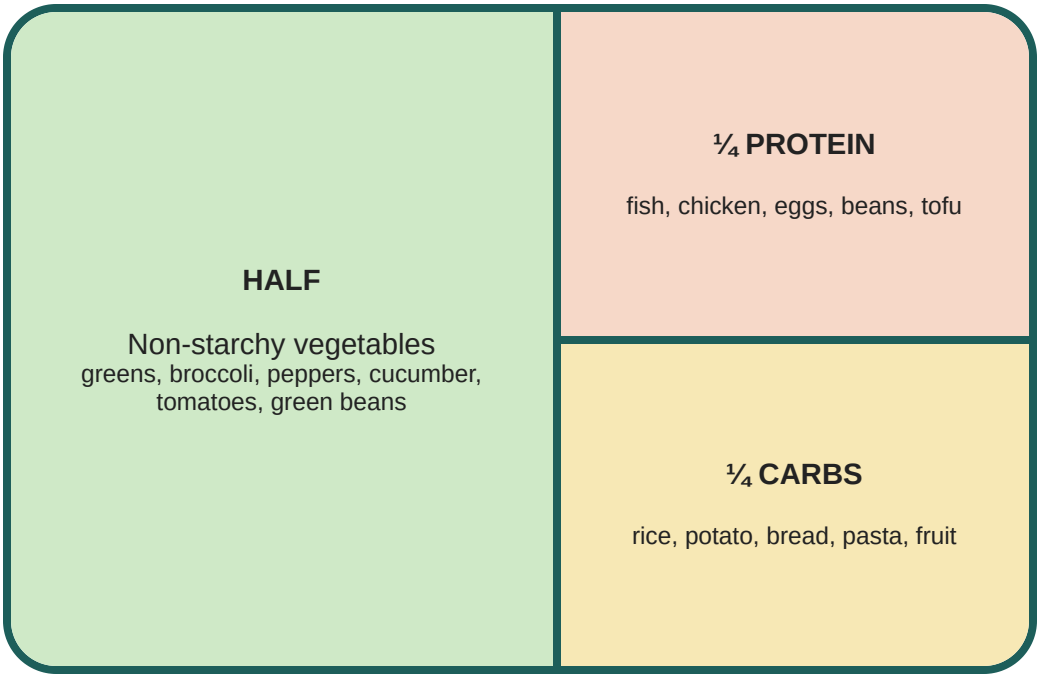
Write what you ate, then your number. After two weeks, your personal spike foods will be obvious.

Day	Fasting	Meal + what I ate	Before	2 hrs after	Walked?
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Patterns I notice: spikes me most: _____ surprised me (didn't spike): _____

Tool 4: The Plate Method

No counting. Just picture your dinner plate.



The eating-order trick

1. Vegetables and protein first **2.** Starchy carbs last **3.** Walk 10 minutes after.

Same food, often a smaller spike. Test it yourself: check two hours after the first bite, once your usual way, once with carbs last.

Kidney disease? Ask your doctor or a renal dietitian before changing protein or potassium intake.

Tool 5: Low Blood Sugar Quick Card

Cut out and keep in your wallet or bag. Ask your doctor if this applies to you (especially if you take insulin or certain pills).

LOW SUGAR: below 70 mg/dL

Signs: shaking, sweating, sudden hunger, pounding heart, confusion, irritability.

Do this (15-15 rule):

1. Take about **15 g fast carbs**: glucose tablets, or ½ cup juice or regular soda.
2. Wait **15 minutes**, recheck.
3. Still low? Repeat.
4. Once up, eat a small snack with protein.
5. **Tell your doctor afterward.**

Call emergency services if you can't swallow, faint, or can't be woken.

HIGH SUGAR EMERGENCY SIGNS

Very high readings **with** vomiting, extreme thirst, fruity breath, confusion, or trouble breathing: **get medical help right away.**

Also urgent: chest pain, sudden weakness, trouble speaking, sudden vision loss, or a foot wound that is red, swollen, or not healing.

My doctor's number: _____ Emergency contact: _____