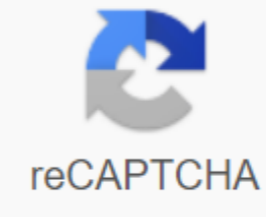


Blood group test report pdf



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How often should you check your blood sugar? The answer depends on the type of diabetes you have, your blood glucose level goals, and more practical issues, such as whether you can afford or have enough test strips. Don't miss: 12 healthy ways to lower blood sugar Recent studies show that people with type 2 diabetes (TYPE 2 PWD) who don't use medications but do self-monitor blood sugar may not see much difference in blood glucose control compared to people who don't self-monitor. But using a counter to check blood glucose levels strategically can provide useful information to guide you in selection: - foods - portions - exercise - doses of drugs With this guide on how often to test, find out how accurate your meter is, and more, we'll show you what you need to know about how to test your blood sugar. When is the best time to test blood sugar? Many people recently diagnosed with type 2 are encouraged to control fasting blood glucose levels. Deb Bjorsness, R.D., CDE, of Great Falls, Montana, says: 'It's quite common for suppliers to say, 'Just check the first thing in the morning; this is pretty good. Bjorsness saw when it's not good enough. People come in and the only time they try is the first thing in the morning, and their A1C is back 8, 9, or 10 percent. This is the beauty of making blood sugars at other times of the day, such as after meals. This can help you and your suppliers understand where the issues are. If you opted for a diabetes plan and fasting blood glucose results are within your goal range, a better use of the next test would be to check at a different time. There are many times when you can test your blood sugar, such as an hour or so after eating, when you are sick, after starting a new drug, after drug changes, or when you are under a lot of stress. Some standard blood glucose control points include: fasting - before meals - before going to bed - overnight Consider the test before a meal If you are on a flexible insulin plan (plus daily injections of fast-acting insulin or an insulin pump), you need to check before eating to determine the fast-acting insulin dose you need. If you have type 2 diabetes and start taking insulin once a day, your diabetes provider or educator will likely adjust your dose based on your daily fasting glucose results and perhaps other results. Below are targets blood sugar guidelines for adults with diabetes they don't have any other health problems. There is a slight difference between the recommendations of the two organizations. Ask your supplier about specific fasting glucose levels and after consumption and A1C goals that are right for you. Guidelines for testing before a meal: American Diabetes Association: 70-130 mg/dl American Association of Clinical Endocrinologists: Less than 110 mg/dl mg/dl Test after eating Whether or not you take insulin or one or more other medications to lower glucose to control blood glucose levels, consider controlling one to two hours after eating to see how some meals affect blood sugar. This is especially useful when you are first diagnosed. It is also useful to do what is called paired testing, which is testing before eating and then again after eating. Doing this at your biggest meal of the day can be invaluable. Below are targets blood sugar guidelines for adults with diabetes who have no other health problems. There is a slight difference between the recommendations of the two organizations. Ask your supplier about specific fasting glucose levels and after consumption and A1C goals that are right for you. Guidelines for glucose control after a meal (postprandial): American Diabetes Association: Less than 180 mg/dl (1-2 hours after the start of the meal) American Association of Clinical Endocrinologists: Less than 140 mg/dl (2 hours after meal) Consider bedtime night tests (at least two hours after the evening meal) are recommended for: . People using an insulin pump. Check before going to bed can be recommended if you take basal insulin, such as Levimir or Lantus, once a day at bedtime or divide the long-acting insulin dose into two injections. What you should know about mid-night checks: - People who use insulin may be advised to do checks in the middle of the night to reveal hypoglycaemia (blood glucose under 70 mg/dl) at night. Talk to your supplier about night testing options for you. Consider testing before and after exercise Check to see how exercise affects blood sugar by occasionally testing immediately before and after exercise. Aerobic activity tends to lower blood sugar, even hours after stopping. This is not the case if you take insulin and start exercising when your blood sugar is high. Exercise can cause increased blood sugar because you don't have enough insulin to get glucose in your cells. Strength training, such as weightlifting, can temporarily increase blood sugar levels, but has long-term benefits of lowering glucose. Do not forget these important times to test You should also test your blood sugar if: : They are sick or have an infection. The disease can increase blood sugar levels. Check it out every two or four hours. If it is: - Over 250 mg/dl, check urine for ketones (a sign that the body is burning fat for energy and may have insulin if ketones are present in more than one track, call your doctor. Over 250 mg/dl for more than six hours, call your doctor. Over 350 mg/dl even once, call your doctor. Start a new drug to lower your blood sugar or change the dose by one. An over-the-counter prescription or medicine for a condition other than diabetes can affect blood glucose Steroids are an example. I'm under a lot of stress. Emotional stress can lead to more blood sugar. Exercise - even just a walk around the block - can help reduce stress and glucose levels. - Feel like your blood sugar level's too low. If your meter confirms this with a number of 70 mg/dl or less, eat 15-20 grams of pure glucose (tablets or gel) or drink 1/2 cup of fruit juice or regular soda. Wait 15 minutes and check again to make sure it's back in the normal range. Get the best use from your stripes There are many times you could check. How often should you? Everyone wants answers in black and white, says Mary M. Austin, R.D., CDE. That is not what you often do; that's what you do with information. Endocrinologist Tom Elasy says people and healthcare professionals need to distinguish between the stages of diabetes intensification - when diabetes is recently diagnosed or when you and your provider make changes in your treatment plan - and the maintenance phase - when you're achieving your glucose goals and things are in a fairly stable state. How to make the best use of your strips: Medicare, for people who are part B, covers 100 test strips every three months for a PWD that doesn't take insulin. For someone just diagnosed with type 2, how can you make the best use of strips? According to Elasy, use multiple strips when you are diagnosed and know the impact of what you eat, your physical activity, and medications on glucose levels. Once you get a sense of fluctuating glucose levels, testing doesn't need to happen as often. As type 2 diabetes progresses over time, more frequent and more frequent tests are often needed. People who don't take medication to lower glucose may want to check at least once or twice a week just to keep track. It is recommended to monitor and use the assigned strips wisely. Monitoring can have a powerful positive effect on how you eat later or the probability that you will take a walk, Elasy notes. When glucose levels are quite stable, move around the times you control. If you're not willing to check regularly, diabetes educator Deb Bjorsness says you do at least some spot checks. Two hours after the biggest meal is probably the best time for information, he says. What you need to know about glucose meter accuracy Here are some things that can affect readings: User error. Suspected of the results? Read and follow the user guide instructions that come with your counter. Store the meter and strips away from sunlight and extreme temperatures. Check the feasibility of each new bottle of test strips by performing a check using the glucose control solution (if the meter uses the control solution). Laboratory results and at home. Meters intended for self-monitoring by people with diabetes can vary by more or less 10% 10% would provide laboratory equipment. Blood position. Blood glucose levels differ within the body. Rapid changes from the dosage of insulin or eating first occurs in the blood obtained from the fingertips. Keep track and learn from your glucose controls in your blood, you should keep a record of your glucose controls in the format you prefer. Maybe you like to write your results in a record book. Or you want to go high-tech and use one of the many mobile or online applications that are available. Find what works best for you. Tracking results is important because they allow you and your provider to look back and observe trends and patterns in your numbers. With this information, you and your provider can make changes and improve your management as needed. Don't wait for your provider to download your meter every time you visit. Keep track of your results, observe them and be ready to discuss them with your supplier with each visit. Make use of all the data you collect: : Circle, highlight, or take note in some way of numbers that do not fall within the target range. Three glucose levels of the same time of day that are out of reach are a model. If you don't know what to do about the scheme, call your health care provider. If you use a log to record results and don't run out of space, visit the counter manufacturer's Web site. Some have log sheets that you can print. Getting a good first drop for accurate blood glucose results Diabetes educator Deb Bjorsness, R.D., CDE, suggests taking these steps to get a good drop of blood with minimal pain and more accurate results: 1. Wash. It's amazing how many people don't get their hands off before doing a check, Bjorsness says. Say you eat an apple. You don't realize you have apple residue on your fingers. If you do not clean your hands, you may have a blood sugar result that is artificially high. If you use insulin, which can be a real problem. Bjorsness recommends only the use of soap and warm water. Save alcohol tablets for when you're standing and don't have access to a sink, he says. 2. Shake. Give hands three to five smoothies under the heart to get blood to the fingertips. For those of you who remember shaking a mercury thermometer, this is the shot you want. 3. Stick. Set the hand to the right depth for you. You need a depth on the device to get enough blood without having to squeeze life out of your finger. Don't go deeper than you need to, says Bjorsness. For less pain, use the sides of your fingers, which have less nervous compared to the pads. Or try an alternative lancing site, such as fleshy parts of the palm or forearm. 4. Milk. Gently milk your finger down. Do not squeeze hard or you could change the composition of the blood, affecting the result. Know blood glucose targets before using another test strip, make sure you know blood glucose In a telephone survey of 500 people with type 2 diabetes, more than half of those who do not take diabetes medications, 30 percent of those taking pills, and 12 percent of those taking insulin had no blood sugar level targets. Check out our blood glucose guidelines for general goals. Then ask your healthcare provider what are the right ranges for you. Test Type: Fasting (Before Breakfast) American Diabetes Association recommends: 70-130 mg/dl American Association of Clinical Endocrinologists recommends: Less than 110 mg/dl Test type: A1C (shows blood sugar levels over time) American Diabetes Association recommends: various A1C targets, from 6.5 percent to less than 8 percent. Talk to your supplier about what your A1C goal is best for you based on diabetes control, age, and overall health. If you can keep glucose levels in close control with minimal hypoglycaemia, then 6.5 percent can work well for you. However, if you are older, have had diabetes for many years, or have some unconsciousness of hypoglycaemia, then an A1C of 8 percent can be better. American Association of Clinical Endocrinologists recommends: 6.5 percent or less Note: A woman who is pregnant or trying to get pregnant will have a lower destination number for her baby's health. Children have a higher number of targets. The elderly, especially those with heart disease, may have a higher destination number. Have you heard of continuous glucose monitoring? The sting of the fingers can become a thing of the past as glucose monitoring technology (CGM) continues to improve. Could these systems help with diabetes management? Related: Should you try the Whole30 diet if you have diabetes? 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