GSDIa CARE PLAN

PATIENT AND THERAPY INFORMATION

Patient Name: Date:

Primary Treating Physician:

Registered Dietitian:

Clinic Phone (Daytime):

After-hours/Emergency Contact:

Follow-Up Appointment:

CORNSTARCH MANAGEMENT PLAN

Product Name	Time (eg, 8AM, 2PM, or PRN*)	Dose (g)	Preparation

Additional Instructions:

*PRN=as needed.

NUTRITION PLAN

Daily Energy Requirement, kcal/day:

Daily Carbohydrate Goal (from food), g/day:

Time	Meals/Snacks	Carbohydrate Goal (from food), g/meal

Additional Instructions:

GSDIa=Glycogen storage disease type Ia.

GSDIa CARE PLAN

BLOOD GLUCOSE MONITORING PLAN

Goal Blood Glucose Range:

Hypoglycemia defined as, mg/dL:

Hyperglycemia defined as, mg/dL:

Out-of-Range Glucose Management Guidance:

LABORATORY MONITORING PLAN

Next Lab Appointment:

Lab Location:

Upcoming Lab Appointments

Special Instructions:

MEDICATION MANAGEMENT PLAN

Medication	Dose	Frequency	Start Date	End Date (If Applicable)	Key Instructions

Additional Instructions:

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