

Blood Glucose/Insulin Record

Child's Name: _____ High Blood Glucose Correction: _____
 Date of Birth: _____ Insulin to Carb Ratio: _____
 Caregiver Name: _____ Amount of Basal Insulin: _____
 Caregiver Contact Information: _____ Target Blood Glucose Range: _____

Note: The Diabetes Blood Glucose/Insulin record is only reviewed Monday-Friday from 8:30 AM-3:30 PM during normal business days

		Breakfast					Lunch					Dinner					Bedtime			Comments
Date	3 AM BG	Time	Before BG	Insulin	Time	After BG	Time	Before BG	Insulin	Time	After BG	Time	Before BG	Insulin	Time	After BG	Time	Before BG	Insulin	Exercise, Illness, Ketones

Contact Information

Office: 614-722-4425

Fax: 614-722-4440

Email: BloodSugar@nationwidechildrens.org



Send most recent Blood Glucose readings on: _____

*Check for Ketones if BG > 300 or ill regardless of the BG