

# Diabetes Monitoring Log for the School Year 2015-2016

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of insulin therapy: Split/Mixed \_\_\_\_ Insulin Pump \_\_\_\_ Basal/bolus \_\_\_\_ Carb ratio for food: 1 unit for \_\_\_\_ grams of carbohydrates

Correction target BG: \_\_\_\_\_ mg/dl Correction factor: 1 unit for every \_\_\_\_\_ mg/dl above correction target

Insulin pen cartridge/vial change dates: \_\_\_\_\_

Date	Time	Blood Glucose	Insulin dose	Ketones (neg, S, M, or L)	Comments (note any unusual circumstances, i.e. extra food intake, hypoglycemia treatment, physical activity, change in routine, illness)	Initials

Signature of staff providing care	Initials	Signature of staff providing care	Initials	Signature of staff providing care	Initials

