Blood Glucose/Insulin Record

Child's Name: _____

Date of Birth: _____

Caregiver Name: _____

Caregiver Contact Information: _____

High Blood Glucose Correction: _____

Insulin to Carb Ratio: _____

Amount of Basal Insulin: _____

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