



Patient Name: _____ DOB: _____

Blood Glucose Log

Please bring at each appointment

Always follow this table

| Insulin | Breakfast | Lunch | Dinner | Bed |
|---------|-----------|-------|--------|-----|
| | | | | |
| | | | | |
| | | | | |

| In addition, When Blood glucose is High (only before meals) Add _____. According to the scale circled below: | | | |
|--|---------|----------|----------|
| Range | Low | Moderate | High |
| 150-200 | 1 unit | 2 units | 3 units |
| 201-250 | 2 units | 4 units | 6 units |
| 251-300 | 3 units | 6 units | 9 units |
| 301-350 | 4 units | 8 units | 12 units |
| 351-400 | 5 units | 10 units | 15 units |

Target Blood Glucose: Before Meals: 80-130 2hr After meals: < 140 Anytime: < 180

| Date | Before Breakfast | Insulin | Before Lunch | Insulin | Before Dinner | Insulin | Bed |
|------|------------------|---------|--------------|---------|---------------|---------|-----|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

