

Blood Glucose Log

Name: _____ Birth date: _____ Phone number: _____

Instructions:

Fill in your Lantus dose in the a.m. or p.m. box. Fill in your carb ratios, correction factors and target BGs.

Check your glucose before breakfast, lunch and dinner, at bedtime, and overnight between 1-3 a.m. Fill in boxes below with your glucose numbers. Send completed form as a PDF attachment in MyChart, fax to 206-985-3373, or call the blood glucose line at 206-987-2640 (option 3) on Monday - Friday before 11 a.m.

Holidays and weekends, call 206-987-2000 between 11 a.m. - 12 p.m. and ask them to page the diabetes provider on-call.

Current Dose	Example	Dose	Current Dose	Example	Breakfast	Lunch	Dinner	Comments
Lantus dose a.m.	12		Carb Ratio	1/20				
Lantus dose p.m.	12		Correction Factor	1/50				
			Target BG	120				

Date: _____

	12 a.m.	3 a.m.	6 a.m.	7 a.m.	8 a.m.	9 a.m.	10 a.m.	11 a.m.	12 noon	1 p.m.	2 p.m.	3 p.m.	4 p.m.	5 p.m.	6 p.m.	7 p.m.	8 p.m.	9 p.m.	10 p.m.	11 p.m.
Blood Glucose:																				
Carbohydrates:																				
Insulin:																				

Parent comments _____

Date: _____

	12 a.m.	3 a.m.	6 a.m.	7 a.m.	8 a.m.	9 a.m.	10 a.m.	11 a.m.	12 noon	1 p.m.	2 p.m.	3 p.m.	4 p.m.	5 p.m.	6 p.m.	7 p.m.	8 p.m.	9 p.m.	10 p.m.	11 p.m.
Blood Glucose:																				
Carbohydrates:																				
Insulin:																				

Parent comments _____

Date: _____

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Blood Glucose:																				
Carbohydrates:																				
Insulin:																				

Parent comments _____