

# Glucosa en sangre

Nombre: \_\_\_\_\_ Fecha de nacimiento: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_

## Instrucciones:

Anote la dosis de Lantus en la mañana (a.m.) o tarde (p.m.). Anote la relación de carbohidratos, factor de corrección y meta para glucemia (glucosa en sangre).

Tomar la glucemia antes del desayuno, almuerzo, y cena. También, a la hora de acostarse y entre las 1-3 a.m. Anotar los resultados en los espacios de abajo. Mandar las planillas llenas como documento PDF por MyChart, fax al 206-985-3373 o llamando al 206-987-2640 (opción 3) de lunes a viernes antes de las 11 a.m.

Feridos y fin de semana: 206-987-2000 y pida hablar con el endocrinólogo de guardia ENTRE las 11 a.m. y 12 p.m

Dosis actual	Ejemplo	Dosis	Dosis actual	Ejemplo	Desayuno	Almuerzo	Cena	Comentarios
Dosis de Lantus de la mañana	12		Relación de carbohidratos	1/20				
Dosis de Lantus de la tarde	12		Factor de corrección	1/50				
			Objetivo de glucemia (glucosa en sangre)	120				

Fecha:

	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 p.m.	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.
Glucosa en sangre:																				
Carbohidratos:																				
Insulina:																				

Comentarios de los padres

Fecha:

	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 p.m.	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.
Glucosa en sangre:																				
Carbohidratos:																				
Insulina:																				

Comentarios de los padres

Fecha:

	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 p.m.	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.
Glucosa en sangre:																				
Carbohidratos:																				
Insulina:																				

Comentarios de los padres



# 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: \_\_\_\_\_

	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 \_\_\_\_\_