

| BLOOD SUGAR LOG | Name:_ | | DOB: | Phone #: | |
|------------------------|--------|-------------|-------------|----------|--|
| | GA: | Type of DM: | Primary OB: | | |

| | | _ | 1 hr after | | 1 hr after | | 1 hr after | | | |
|------------|----------|----------|------------|-------------|--------------|-------------|---------------|--------------|----------------------------------|-------------------------------|
| DATE | 3 a.m. | fasting | bkfst | pre lunch | lunch | pre dinner | dinner | bedtime | Insulin/medication doses | Comments |
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| Blood suga | r goals: | <u>I</u> | l | Call vour d | octor: If vo | ur blood su | pars are less | s than 60 or | more than 140 for three readings | I in a row or in a pattern |

| Blood sugar goals: | Call your doctor: If your blood sugars are less than 60 or more than 140 for the | ree readings in a row or in a pattern |
|-------------------------------|--|---------------------------------------|
| Fasting 60-90 | If you have two or more low blood sugar reactions in one | e week Nurse fax: 330-543-8138 |
| 1 hr after meals, 140 or less | If you have a reading over 200 | NURSE PHONE LINE: 330-543-4570 |
| Questions: | | |
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