Home Glucose Monitoring Sheet

Patient Name: _____Phone # _____ DOB: _____

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Target Sugar: before meals: 70-130 after meals: < 180

WHEN SUGAR IS HIGH *before meals*
Use Short acting insulin _____

INSULIN	BREAKFAST	LUNCH	SUPPER	BEDTIME	Sugar Range	Low	Moderate	High
					200-250	2 units	3 units	4 units
					251-300	4 units	6 units	8 units
					301-350	7 units	10 units	14 units
					>350	10 units	16 units	20 units

DATE	INSULIN DOSE	BEFORE BREAKFAST	2HR AFTER BREAKFAST	BEFORE LUNCH	2HR AFTER LUNCH	BEFORE SUPPER	2HR AFTER SUPPER	BEDTIME	COMMENTS