

Phoenix Children's Hospital Endocrinology & Diabetes Section
Blood Glucose Record for Intensive Management

Office Phone: (602) 546-0935 Fax: (602) 546-0610

Email: diabeteslog@phoenixchildrens.com

E=exercise (please indicate duration of activity i.e. E- 30 min)

K= ketones checked (please indicate result: N- negative, T-trace, S-small, M-moderate, L-large)

Date	12 mn	3A M	4AM	6AM	7AM	8AM	9AM	10AM	11AM	12N	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	
Glucose																						
Meal Carbs																						
Meal Bolus																						
High BS Bolus																						
Lantus																						
Comments:																						

Date	12 mn	3AM	4AM	6AM	7AM	8AM	9AM	10AM	11AM	12N	1PM	2PM	3PM	4PM	5PM	6PM	7PM	8PM	9PM	10PM	11PM	
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Glucose																						
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Comments:																						

DATE: _____ PERSON CALLING: _____ Hasan, MD Kaufmann, MD Touger, MD Dajani, MD Hudson, MD Belapurkar, MD

Phone: Home: () _____ Work: () _____ Fax: () _____ Patient Name: _____

Email: _____ MR#: _____

FOR OFFICE USE ONLY:

New Insulin Dose: Lantus _____ units at AM/HS

Food Bolus (Carb Ratios): AM _____ :1 Lunch _____ :1 Dinner _____ :1 Snack _____ :1

High Blood Sugar Bolus: BG - _____ mg/dl divided by _____ (ISF) Post-meal ISF: _____

Re-send numbers in _____ week(s) Reviewed sick day rules Reviewed hypoglycemia treatment Reviewed guidelines for exercise

Comments: _____

Signature: _____

Reviewed by: _____