

NAME: _____

INSULIN PUMP RECORD

Goal HgbA1c: _____
 Blood Glucose goal Pre-Meal: _____
 Post-Meal: _____

TELEPHONE: (HOME) _____

(WORK) _____

DOCTOR: _____

| INSULIN | | | | | | | | | | | BLOOD SUGAR | | | | | | | | | URINE KETONES | | | | | | |
|---------|-----|------|---|----|---|----|---|----|-----|----|-------------|------|---|------|---|------|---|------|-----|---------------|---|---|---|-----|--|--|
| DATE | MID | 0300 | B | SS | L | SS | D | SS | BED | SS | MID | 0300 | B | POST | L | POST | D | POST | BED | 0300 | B | L | D | BED | | |
| Bolus | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bolus | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bolus | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bolus | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Time | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

COMMENTS / SLIDING SCALE ORDERS: Take ____ units for every _____ mg/dl over goal Start SS at > _____ blood sugar.
 Use SS at: _____ Take ____ units for every _____ g of CHO.

Dr. Miller or Dr. Puttagunta
 Phone: 989.837.9008 or FAX 989.837.9399
MidMichigan Medical Center-Midland Diabetes Center
 Phone: 989.839.3123 or 1.800.727.3123 FAX: 989.839.1388

C:\blgrec2.wk3

KEY: B=BREAKFAST L= LUNCH MID= MIDNIGHT D=DINNER
