



UNC DIABETES CLINIC

Physician _____

**BLOOD SUGAR MONITORING
& INSULIN CHANGE FORM**

Date _____

Check Finger Stick Blood Sugar: _____ times/day at the following times:

	<u>Goal</u>
_____ Before breakfast	<90mg/dl
_____ 1 hour after breakfast	<130mg/dl
_____ 2 hours after breakfast	<120mg/dl
_____ Before lunch	<90mg/dl
_____ 1 hour after lunch	<130mg/dl
_____ 2 hours after lunch	<120mg/dl
_____ Before dinner	<90mg/dl
_____ 1 hour after dinner	<130mg/dl
_____ 2 hours after dinner	<120mg/dl
_____ 2 AM	>80mg/dl

BRING GLUCOSE METER & LOG BOOK TO EACH VISIT

Previous Dose

New Dose

_____ Units (U) NPH before breakfast

_____ U NPH before breakfast

_____ U Regular or Lispro before breakfast

_____ U Regular or Lispro before breakfast

_____ U Lispro before lunch

_____ U Lispro before lunch

_____ U Regular or Lispro before dinner

_____ U Regular or Lispro before dinner

_____ U NPH at bedtime

_____ U NPH at bedtime

Special Instructions: _____
