

Name \_\_\_\_\_

Date: from \_\_\_\_\_

To: \_\_\_\_\_

**AVERAGES FOR WEEK**

	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	Overall Average:
GLUCOSE									GLUCOSE
CARBS									CARBS
INSULIN									INSULIN
<b>SUN</b>	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	
TIME									
B.G.									
CARBS									
INSULIN									
<b>MON</b>	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	
TIME									
B.G.									
CARBS									
INSULIN									
<b>TUE</b>	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	
TIME									
B.G.									
CARBS									
INSULIN									
<b>WED</b>	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	
TIME									
B.G.									
CARBS									
INSULIN									
<b>THUR</b>	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	
TIME									
B.G.									
CARBS									
INSULIN									
<b>FRI</b>	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	
TIME									
B.G.									
CARBS									
INSULIN									
<b>SAT</b>	NIGHT	PRE B	POST B	PRE L	POST L	PRE D	POST D	BED	
TIME									
B.G.									
CARBS									
INSULIN									

**High Glucose Adjustment**

Using short acting insulin

If Glucose > \_\_ take + \_\_ units

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If Glucose > \_\_ take + \_\_ units

**High Glucose Adjustment**

If Glucose < \_\_ subtract - \_\_ u

If Glucose < \_\_ subtract - \_\_ u

**Carbohydrate/Insulin Ratio**

Take \_\_ units insulin for each \_\_ G CHO

**BASAL Insulin**