

Dayton Children's school blood sugar log



Student Name: _____

Date of Birth: _____ Endocrinologist: _____

Type of Insulin Therapy: Insulin Pump _____ MDI _____ Parent Contact: _____

| Carb : Insulin Ratios | Ketone Correction Scale | Daytime Correction Scale | Signature of Staff Providing Care | Initials |
|-----------------------|-------------------------|--------------------------|-----------------------------------|----------|
| Breakfast | Small | | | |
| AM Snack | Moderate | | | |
| Lunch | Large | | | |
| PM Snack | | | | |
| | | | | |
| | | | | |

| Date: | 7:___ | 8:___ | 8:___ | 9:___ | 9:___ | 10:___ | 10:___ | 11:___ | 11:___ | 12:___ | 12:___ | 1:___ | 1:___ | 2:___ |
|----------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|--------|-------|-------|-------|
| Glucose | | | | | | | | | | | | | | |
| Carbs | | | | | | | | | | | | | | |
| Ketones | | | | | | | | | | | | | | |
| Insulin | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | |

| Date: | 7:___ | 8:___ | 8:___ | 9:___ | 9:___ | 10:___ | 10:___ | 11:___ | 11:___ | 12:___ | 12:___ | 1:___ | 1:___ | 2:___ |
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| Carbs | | | | | | | | | | | | | | |
| Ketones | | | | | | | | | | | | | | |
| Insulin | | | | | | | | | | | | | | |
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| Ketones | | | | | | | | | | | | | | |
| Insulin | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | |