

**BLOOD GLUCOSE LOG REVIEW**  
**WAKEMED PEDIATRIC ENDOCRINOLOGY**  
**350-7584 (PHONE) PLEASE SUBMIT USING MYCHART**

(919)

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Allow 5 business days for a reply.

DATE	12A	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	
BLOOD SUGAR																									
CARBS																									
INSULIN																									

Comments

DATE	12A	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12P	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P	
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BLOOD SUGAR																									
CARBS																									
INSULIN																									

Comments

<b>Carb ratio</b>		<b>Correction</b>		<b>Lantus Dose</b>		<b>Pump Basal Rates</b>			<b>Remember! Check ketones for blood sugar over 300.</b>
Breakfast		Day	BG - _____ ÷ _____	_____ units		12a		units/hr	
Lunch		Night	BG - _____ ÷ _____	<input type="checkbox"/> morning	<input type="checkbox"/> bedtime			units/hr	
Dinner								units/hr	
								units/hr	