

# Glucose (Blood Sugar) Levels Record

**Instructions:** Record blood glucose level at meals and bedtime. Record insulin dose if taken. Please bring this chart to all doctor appointments.

Chart Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Glucose (Blood Sugar) Levels

A1c: \_\_\_\_\_

Blood Glucose Reading / Insulin Dose Taken	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Breakfast</b>							
<b>Lunch</b>							
<b>Dinner</b>							
<b>Bedtime</b>							
<b>Snack</b>							

**Sliding Scale of Blood Glucose Levels for Insulin Dose:**

70 – 140 0 units    141 – 180 \_\_\_\_\_ units    181 – 220 \_\_\_\_\_ units    221 – 260 \_\_\_\_\_ units

261 – 300 \_\_\_\_\_ units    301 – 340 \_\_\_\_\_ units    341 – 400 \_\_\_\_\_ units and **Notify Your Doctor Immediately**

**IMPORTANT:** Please have doctor fill in appropriate insulin dose for each blood glucose level above.



DEPARTMENT OF  
PATIENT AND FAMILY  
CAREGIVER RESOURCES

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