**Blood Glucose Record**

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| **Patient Name:**  **DOB:** | | | | | | | Goal Ranges: Fasting: 70-90 Meals: 1 Hour< 130 2 hour <120  Call Nurse if: >180 or <70 (see instructions below) | | | |
| **Date** | **Breakfast** | | **Lunch** | **Dinner** | **Bedtime** | **Extra BG if needed** | | **1 hour Kick Counts** | **Exercise Minutes** | **Notes**  **(Meal content, stress, illness)** |
| **Fasting** | **Post** | **Post** | **Post** |  | **(when)** | |  |
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| **Medication dose/changes** | **AM** | **Lunch** | **Dinner** | **Bedtime** |  | **If Blood Sugar is <70** |
|  |  |  |  |  |  | -Take 15-20 gm sugar (4oz juice/soda, 8oz milk, 1T honey) |
|  |  |  |  |  |  | -Wait 15 min and recheck blood sugar, if still low, repeat |
|  |  |  |  |  |  | -Once returns to normal range, eat snack or meal |
|  |  |  |  |  |  | -When you’ve used these steps, call office |