



Affix patient label within this box

Blood Glucose and Subcutaneous Insulin Record

Reminder: Blood Glucose Target: **5-10 mmol/L**; Physician to titrate insulin every 1-2 days to achieve targets

BG = blood glucose MPR = multidisciplinary progress record

*Bolus and correction insulin is not routinely recommended at bedtime unless it is given with an overnight scheduled feed or a specific MD STAT order

Date <i>(yyyy-Mon-dd)</i>	Breakfast <i>(or morning feed)</i>	Lunch <i>(or lunch feed)</i>	Dinner <i>(or evening feed)</i>	Bedtime <i>(or overnight feed)</i>	Additional	Comments / Additional Tests
Time BG Taken <i>(hh:mm)</i>						
Glucometer Result						
Basal Insulin <i>(choose one)</i>						
<input type="checkbox"/> Glargine <input type="checkbox"/> Detemir <input type="checkbox"/> Humulin® N	_____ units	_____ units	_____ units	_____ units		
Bolus and Correction Insulin* <i>(choose one)</i>						
<input type="checkbox"/> Lispro	Bolus Insulin	_____ units	_____ units	_____ units	_____ units*	
<input type="checkbox"/> Aspart	Correction Insulin	_____ units	_____ units	_____ units	_____ units*	_____ units
<input type="checkbox"/> Humulin® R		_____ units	_____ units	_____ units	_____ units	_____ units
Other Insulin <i>(specify)</i>						
_____ units	_____ units	_____ units	_____ units	_____ units	_____ units	
Time Administered <i>(hh:mm)</i>						
Site						
Signature						<input type="checkbox"/> See MPR for additional information

Date <i>(yyyy-Mon-dd)</i>	Breakfast <i>(or morning feed)</i>	Lunch <i>(or lunch feed)</i>	Dinner <i>(or evening feed)</i>	Bedtime <i>(or overnight feed)</i>	Additional	Comments / Additional Tests
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Bolus and Correction Insulin* <i>(choose one)</i>						
<input type="checkbox"/> Lispro	Bolus Insulin	_____ units	_____ units	_____ units	_____ units*	
<input type="checkbox"/> Aspart	Correction Insulin	_____ units	_____ units	_____ units	_____ units*	_____ units
<input type="checkbox"/> Humulin® R		_____ units	_____ units	_____ units	_____ units	_____ units
Other Insulin <i>(specify)</i>						
_____ units	_____ units	_____ units	_____ units	_____ units	_____ units	
Time Administered <i>(hh:mm)</i>						
Site						
Signature						<input type="checkbox"/> See MPR for additional information

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Glucometer Result						
Basal Insulin (choose one) <input type="checkbox"/> Glargine <input type="checkbox"/> Detemir <input type="checkbox"/> Humulin®N	_____ units	_____ units	_____ units	_____ units		
Bolus and Correction Insulin* (choose one)						
<input type="checkbox"/> Lispro <input type="checkbox"/> Aspart <input type="checkbox"/> Humulin®R	Bolus Insulin _____ units	_____ units	_____ units	_____ units*		
	Correction Insulin _____ units	_____ units	_____ units	_____ units*	_____ units	
Other Insulin (specify)	_____ units	_____ units	_____ units	_____ units	_____ units	
Time Administered (hh:mm)						
Site						
Signature						<input type="checkbox"/> See MPR for additional information

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Bolus and Correction Insulin* (choose one)						
<input type="checkbox"/> Lispro <input type="checkbox"/> Aspart <input type="checkbox"/> Humulin®R	Bolus Insulin _____ units	_____ units	_____ units	_____ units*		
	Correction Insulin _____ units	_____ units	_____ units	_____ units*	_____ units	
Other Insulin (specify)	_____ units	_____ units	_____ units	_____ units	_____ units	
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