



# BLOOD SUGAR LOG

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

GA: \_\_\_\_\_ Type of DM: \_\_\_\_\_ Primary OB: \_\_\_\_\_

DATE	3 a.m.	fasting	1 hr after bkfst	pre lunch	1 hr after lunch	pre dinner	1 hr after dinner	bedtime	Insulin/medication doses	Comments

Blood sugar goals:  
 Fasting 60-90  
 1 hr after meals, 140 or less

Call your doctor: If your blood sugars are less than 60 or more than 140 for three readings in a row or in a pattern  
 If you have two or more low blood sugar reactions in one week  
 If you have a reading over 200

**NURSE PHONE LINE: 330-543-4570**

Questions: \_\_\_\_\_