DIABETES MANAGEMENT LOG

Name _____ School _____

Grade _____ Teacher _____ Room _____

Parent/Guardian _____

Parent/Guardian Phone(s) _____

Correction Dose: _____ unit(s) of insulin per _____ over _____

Insulin to CHO ratio: give _____ unit(s) of insulin per _____ grams of CHO eaten (or to be eaten)

Date	Time	Blood Glucose (BG)	Carbohydrate Intake (CHO)	INSULIN DOSE			Hypoglycemia Treatment	Hyperglycemia Treatment	Comments	Initials
				Insulin for BG	Insulin for CHO	Total Insulin				

Signature of Staff providing Care	Initials	Signature of Staff providing Care	Initials

Adapted with permission from National Association of School Nurses H.A.N.D.S., SM2008

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