



Detailed Record Keeping for Intensive Insulin Therapy

~~DOY ENLIGHTEN~~ 14581 Tues 3/26/13 / Ded lunch bus
need more from 1:46 to 1:57

DOB:

*For Insulin Pumps

Daytime:

Meals and snacks

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Detailed Record Keeping for Intensive Insulin Therapy

Wed 3/27/13
b/c simple carb:
AK packaged noodle so finite
carbs

Name:

DOB:

MR#:

Date:

	12 AM		5	6	7	8	9	10	11	12 PM	1	2	3	4	5	6	7	8	9	10	11
Meter BG							227				44										
Carb Grams										68		33									
Meal Dose							coffee					4.1									
Correction Dose							2.10								2.9						
Basal Insulin																					
Temp Basal*																					
Activity/ Minutes																					
OTHER: Stress/Illness /Set Change*																					

*For Insulin Pumps

I : CHO Ratio (s):

Sensitivity Factor (s):

Target Blood Glucose:

Breakfast:

Lunch:

Dinner:

Daytime:

Other:

Daytime:

Other:

Meals and snacks

Breakfast Time:		Lunch Time:		Dinner Time:	
Food & amount	Carb gms	Food & amount	Carb gms	Food & amount	Carb gms
Coffee w/ milk		Packaged noodle bowl of chow mein	2pm Carb gms 35-2=33g		
Total Carbs		Total Carbs		Total Carbs	
Snack Time:		Snack Time:		Snack Time:	
Food & amount	Carb gms	Food & amount	Carb gms	Food & amount	Carb gms
Total Carbs		Total Carbs		Total Carbs	

man 9/11/13
2 must be basal
a high, bolus from ward
5/10 done



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Detailed Record Keeping for Intensive Insulin Therapy

Ded 5p - 9pm basal from 45 to 40

Name: _____ MR#: _____ DOB: _____ Date: _____

	12 AM			5	6	7	8	9	10	11	12 PM	1	2	3	4	5	6	7	8	9	10	11
Meter BG							134				192	140		167	73		59	56	172	166		
Carb Grams							34					37										
Meal Dose							7.15					4.80										
Correction Dose											1.36											
Basal Insulin																						
Temp Basal*																						
Activity/ Minutes																						
OTHER: Stress/Illness /Set Change*																						

*For Insulin Pumps

I : CHO Ratio (s): _____ Sensitivity Factor (s): _____ Target Blood Glucose: _____
Breakfast: _____ Lunch: _____ Dinner: _____ Daytime: _____ Other: _____

Meals and snacks

Breakfast Time:		Lunch Time:		Dinner Time:	
Food & amount	Carb gms	Food & amount	Carb gms	Food & amount	Carb gms
1 green smoothie 1/2 muffin coffee	830	Lean Cuisine	40-3 = 37g	Lean Cuisine Chex Alfredo a dose right away, B6A	37g only dosed 25g b/c B6A
Total Carbs		Total Carbs		Total Carbs	
Snack Time:		Snack Time:		Snack Time:	
Food & amount	Carb gms	Food & amount	Carb gms	Food & amount	Carb gms
Total Carbs		Total Carbs		Total Carbs	

dinner bolus
still from lunch?

Tues 4/22/13

Detailed Record Keeping for Intensive Insulin Therapy



Joslin Diabetes Center

Name: _____

MR#: 2706

DOB: _____

Date: _____

	12 AM	1	2	3	4	5	6	7	8	9	10	11
Meter BG	<u>51</u>		<u>40</u>									
Carb Grams												
Meal Dose												
Correction Dose												
Basal Insulin												
Temp Basal*												
Activity/ Minutes												
OTHER: Stress/Illness /Set Change*												

*For Insulin Pumps

Target Blood Glucose:

I : CHO Ratio (s): _____

Sensitivity Factor (s): _____

Daytime: _____

Other: _____

Breakfast: _____

Lunch: _____

Dinner: _____

Meals and snacks

Breakfast Time:		Lunch Time:		Dinner Time:	
Food & amount	Carb gms	Food & amount	Carb gms	Food & amount	Carb gms
3 Dunkin Donuts munchkins	<u>74</u>				
2 coffee w/ cream	<u>20</u>				
Total Carbs		Total Carbs		Total Carbs	
Snack Time:		Snack Time:		Snack Time:	
Food & amount	Carb gms	Food & amount	Carb gms	Food & amount	Carb gms
Total Carbs		Total Carbs		Total Carbs	