Maternal Fetal Medicine

Call or fax bloodsugars to nurse weekly at
812-485-1894
or fax to 812-485-1870

Date_____

Patient Name_____ Phone #_____

Date	Breakfast Fasting / 1 hr	Lunch Before / 1hr	Dinner Before / 1hr	Bedtime	3am	Sliding scale insulin dose	Exercise Mins	Ketones
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					
	-	-	-					

Current Med Dose (Physician use only) **New Med dose**

	Breakfast	Lunch	Dinner	Bedtime		Breakfast	Lunch	Dinner	Bedtime
NPH	_____	_____	_____	_____	NPH	_____	_____	_____	_____
Humalog/Novolog	_____	_____	_____	_____	Humalog/Novolog	_____	_____	_____	_____
Glyburide	_____	_____	_____	_____	Glyburide	_____	_____	_____	_____
Metformin	_____	_____	_____	_____	Metformin	_____	_____	_____	_____

Notes
_____
_____
_____

Check ketones in urine for bloodsugars greater than 180