

Insulin Pump Record

Name: _____ Kaiser ID#: _____ Date: _____ Day: **SU M T W TH F S**

High Blood Glucose (BG) Correction: 1 unit Humalog (Hlog) ▼ BG _____ pts before meal Target BG: _____

Insulin/Carb Ratios **Bkft:** 1 U Hlog / _____ gms carb **Lunch:** 1 U Hlog / _____ g carb **Dinner:** 1 U Hlog / _____ gms carb **Snacks:** 1 U Hlog / _____ gms carb

Time											
BG Result											
Carb Grams Total											
Meal Bolus											
High BG Bolus											

Breakfast				Lunch				Dinner			
Time	Food Description	Carb	Fat	Time	Food Description	Carb	Fat	Time	Food Description	Carb	Fat
Total Grams				Total Grams				Total Grams			

Morning Snack		Carb	Fat	Afternoon Snack		Carb	Fat	Bedtime Snack		Carb	Fat

Activity / Exercise:		Hypoglycemia Reactions:			Basal Rates	
Time of Day		Time AM/PM			12a	
Type of Activity		Blood Sugar				
Duration Minutes		Carb Grams				