

Patient Communication; Phone Encounters

NorthEast Peds Endocrinology
 Phone: (704) 782-6030
 Fax: (704) 782-6032

INSULIN PUMP USERS BLOOD SUGAR LOG

**(Please allow 3 business days for replies, or call to speak to nurse if urgent)

Name: _____ DOB: _____ Parent name: _____ Pump type: _____
 Number to contact with recommendations: _____ (is this home, work, or fax? _____)

Date		Bkfst		Lunch		Din		Bed	MN	Other	Basal	NOTES
	Time										12 MN__	
	BG/ket.										__ __	
	Carbs										__ __	
	Bolus										__ __ Site change? Y/N Time: _____	
	Time										12 MN__	
	BG/ket.										__ __	
	Carbs										__ __	
	Bolus										__ __ Site change? Y/N Time: _____	
	Time										12 MN__	
	BG/ket.										__ __	
	Carbs										__ __	
	Bolus										__ __ Site change? Y/N Time: _____	
	Time										12 MN__	
	BG/ket.										__ __	
	Carbs										__ __	
	Bolus										__ __ Site change? Y/N Time: _____	
	Time										12 MN__	
	BG/ket.										__ __	
	Carbs										__ __	
	Bolus										__ __ Site change? Y/N Time: _____	
	Time										12 MN__	
	BG/ket.										__ __	
	Carbs										__ __	
	Bolus										__ __ Site change? Y/N Time: _____	

Recommendations:

MD Signature: _____ Date: _____