DIABETIC MONITORING LOG FOR :_____ DOB:_____ HR/GD:_____ Independent : Y / N

EMER CONT: 1:_____ 2:_____ 3:_____

DR NAME: _____ P:_____ F:_____ TARGET BS_____ TREAT FOR LOW BS < _____

MEDICATION ORDERS AND CARB COVERAGE

Date	Time	BS	Ketones N, S, M, L	Carbs	Insulin Dose	Comments	Int.

Date	Time	BS	Ketones N, S, M, L	Carbs	Insulin Dose	Comments	Int