Instructions for Completing the "Daily Carbohydrate/Insulin Record" Form

1. Pick four days in a row to do this record-keeping.

2. **Write down your insulin dosing regimen (Lantus, meal-time insulin) or your insulin pump settings on the first page in the box provided.**

3. Write your name and medical record number (your "Kaiser number"), and date on each page.

4. For this four day period, try to have carbohydrate foods JUST at Breakfast, Lunch and Dinner.

5. If you are going to have in-between meal snacks or a bedtime snack, try to eat non-carbohydrate foods – such as nuts, string cheese, celery, turkey jerky, sugar-free gelatin. If you are going to eat carbohydrates at snacks, limit to 5 grams of carbohydrate.

6. Write the time of the meal in the "Meal/Snack Time" box.

7. Record what foods you eat (with the measurements, brand, restaurant) in the "Daily Food Record" box and list the carbohydrate grams of each item next to that item.

8. Add up the total grams of carbohydrate (refer to the "Exchange Book", "Doctor's Pocket Calorie, Fat & Carb Counter Book" or food labels), and record in the "Carb Grams" box.

9. Write down how much insulin you gave (separate correction insulin) in the "Insulin Dose" box.

10. Write down your pre-meal blood sugar reading in the "Pre-Meal Blood Sugar" box.

11. Do another blood sugar reading two hours after the meal, and record it in the "2-Hour Post-Meal Blood Sugar" box.

12. At bedtime, do a blood sugar reading and write it down (and the time of the reading) in one of the empty boxes.

13. If you have any low blood sugars, treat them with the "15/15 Rule" and record what time it happened and the blood sugar reading.

14. If you exercise, have more than usual amount of stress, or any unusual occurrence – record it with the time.

15. Please review the "Example Daily Carbohydrate/Insulin Record" to see how to accurately complete these forms.

Example of Daily Carbohydrate/Insulin Record

Insulin Dosing: Lantus: _____units at __AM/PM, Humalog: ___units per meal or _____insulin-to-carb ratio(s): _____, correction: _____

Pump Settings: Basal rates:12AM: 0.85, 3AM: 0.95, 8AM: 0.85, 11AM: 0.75, 6PM: 0.85, insulin-to carb ratio(s): 12AM: 1/10, 6AM: 1/8, 11AM: 1/10, sensitivity: 12AM: 50, BG target ranges: 12AM: 90-150, active insulin time: 4 hours

Name: <u>Jane Doe</u>   Medical Record#: <u>12345678</u>   Date: <u>12/01/15</u>

Meal/Snack Time	Daily Food Record (Include Measurements)	Carb Grams	Insulin Dose	Pre-Meal Blood Sugar	2-Hour Post-Meal Blood Sugar
8 AM	½ cup cooked oatmeal-15 1 cup skim milk-12 ½ cup peaches-12	39 grams	4.4 units	175	102
12:30PM	Sandwich with 2 slices bread Lettuce, mayonnaise, 2 ounces turkey-30 8 oz light yogurt-19 diet soda	49 grams	4.9 units	147	158
1:45 PM 3:15 PM 4:20 PM	HIGH STRESS AT WORK 4 pieces of celery (2" ea) – 2 2 tsp peanut butter – 3 20 minute walk		0 units	221	
6:30 PM	1 cup lasagna-45 2 slices garlic bread-30 2 cups tossed salad (lettuce, cucumber, onion)-10 oil & vinegar dressing 1 cup icecream-30	115 grams	12.36 units	193	162
8 PM	30 minutes on treadmill				
10 PM	Bedtime reading			138	

Daily Carbohydrate/Insulin Record

Please fill this insulin dosing chart out on this first page:

Insulin Dosing: Lantus: _____units at _____AM/PM, Humalog: _____units per meal or _____insulin-to-carb ratio(s): _____, correction: _____.

Pump Settings: Basal rates: _____
_____,
insulin-to carb ratio(s):_____, sensitivity: _____,
BG target ranges: _____, active insulin time: _____.

Name: _____ Medical Record#: _____ Date: _____

Meal/Snack Time	Daily Food Record (Include Measurements)	Carb Grams	Insulin Dose	Pre-Meal Blood Sugar	2-Hour Post-Meal Blood Sugar

Daily Carbohydrate/Insulin Record

Name: _____ **Medical Record#:** _____ **Date:** _____

Meal/Snack Time	Daily Food Record (Include Measurements)	Carb Grams	Insulin Dose	Pre-Meal Blood Sugar	2-Hour Post-Meal Blood Sugar

Daily Carbohydrate/Insulin Record

Name: _____ **Medical Record#:** _____ **Date:** _____

Meal/Snack Time	Daily Food Record (Include Measurements)	Carb Grams	Insulin Dose	Pre-Meal Blood Sugar	2-Hour Post-Meal Blood Sugar

Daily Carbohydrate/Insulin Record

Name: _____ **Medical Record#:** _____ **Date:** _____

Meal/Snack Time	Daily Food Record (Include Measurements)	Carb Grams	Insulin Dose	Pre-Meal Blood Sugar	2-Hour Post-Meal Blood Sugar