Blood Glucose Log: Pregnancy

Name:_____
Date of Birth:_____

Blood glucose target: Fasting < 90
One Hour Post Meal: <120

Date	3 AM		Pre-breakfast			1 hr post breakfast		Pre-Lunch		1 hr post lunch		Pre Dinner		1 hr post dinner		bedtime			Remarks
	BG	Sup	BG			BG	Sup	BG		BG	Sup	BG		BG	Sup	BG		Sup	

Fax Log to 720-282-2048
We do not accept logs by email.

Document ALL insulin doses.