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

Document ALL insulin doses.