DYS
Diabetes Youth Services

Diabetes Management Log

Student Name:	DOB:	Grade:
Parent Name:	Phone:	Teacher:
Parent Name:	Phone:	

Insulin Dosing

Insulin to CHO Ratio - give _____ unit(s) of insulin for every _____ carbs eaten
Correction dose - give _____ unit(s) of insulin for every _____ over _____

Date	Time	Blood Glucose (BG)	Carb Intake (CHO)	Ketones	Insulin Dose			Hyper/ Hypo Treatment	Comments	Called Parent	Initials
					Insulin for BG	*Insulin for CHO*	*Total Insulin*				

Signature/Initials of Staff Providing Care

_____ ( ), _____ ( ) _____

Student Name:							DOB:		Grade:		
Date	Time	Blood Glucose (BG)	Carb Intake (CHO)	Ketones	Insulin Dose			Hyper/ Hypo Treatment	Comments	Called Parent	Initials
					Insulin for BG	*Insulin for CHO*	*Total Insulin*				