

Name: \_\_\_\_\_ Month: \_\_\_\_\_ Pregnancy Due Date: \_\_\_\_\_

## Blood Sugar Monitoring Record | Blood Sugar Monthly Log

BLOOD SUGAR CATEGORY			Example	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
<b>Fasting Blood Sugar (mg/dL)</b>			<b>92</b>															
Insulin Before Breakfast (Units)	NPH		20															
	HUM/NOV/LIS/ADM		5															
Blood Sugar 2 HOURS AFTER BREAKFAST (mg/dL)			107															
Blood Sugar 2 HOURS AFTER LUNCH (mg/dL)			112															
Insulin Before Dinner (Units)	HUM/NOV/LIS/ADM		7															
Blood Sugar 2 HOURS AFTER DINNER (mg/dL)			109															
Insulin at Bedtime (If indicated)	NPH		13															
				17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>Fasting Blood Sugar (mg/dL)</b>																		
Insulin Before Breakfast (Units)	NPH																	
	HUM/NOV/LIS/ADM																	
Blood Sugar 2 HOURS AFTER BREAKFAST (mg/dL)																		
Blood Sugar 2 HOURS AFTER LUNCH (mg/dL)																		
Insulin Before Dinner (Units)	HUM/NOV/LIS/ADM																	
Blood Sugar 2 HOURS AFTER DINNER (mg/dL)																		
Insulin at Bedtime (If indicated)	NPH																	

### Insulin Information

NPH	Neutral Protamine Hagedorn (Long acting insulin)
HUM/NOV/ LIS/ADM	Humalog/Novolog/Lispor/ Admelog (Short acting insulin)

### Important Information

- Do not eat snacks in between the last meal and the time of measurement. Eat snacks only after your glucose measurement.
- Check your blood sugar TWO hours after you START eating.

Provider Name: \_\_\_\_\_ Prenatal Care Coordinator: \_\_\_\_\_ Number: \_\_\_\_\_

