

DIABETIC MEDICATION CHART

Effective Date: _____

Name:

Physician:

Emergency Contact:

Target BG Range:

Time of Day	Medication / Insulin Name	Dosage / Units	Relation to Meal
Breakfast			
Lunch			
Dinner			
Bedtime			
As Needed (PRN)			

Special Instructions & Sliding Scale Notes:

This chart is a template only. Consult a healthcare professional before adjusting medication.