

DAILY GLUCOSE MONITORING LOG

Target Range: _____ to _____ mg/dL

PATIENT NAME

DOB

DATE

TIME / EVENT	READING (MG/DL)	INSULIN DOSE	CARBS (G)	NURSING NOTES & OBSERVATIONS	INITIALS
Fasting / Wake					
Breakfast (Post)					
Lunch (Pre)					
Lunch (Post)					
Dinner (Pre)					
Dinner (Post)					
Bedtime					
Other: _____					

NURSE SIGNATURE & CREDENTIALS
SUPERVISOR REVIEW