

ST. JOSEPH MERCY HOSPITAL
MCPHERSON HOSPITAL
SALINE COMMUNITY HOSPITAL

Center for Diabetes Education and Management

## Blood Glucose Monitoring Flow Sheet Phone: \_\_\_\_\_ \_Phone: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_\_ When to test: \_\_\_\_\_\_ Target Range: Special Instructions: \_\_\_\_\_\_ Date Glucose Glucose Glucose Glucose Insulin/Diabetes Pill Ketones Comments Lunch Dinner Before Before Before Before Break-Break-Lunch Dinner Bed fast fast

6561-024 H 7/98 (M)

Date	Glucose	Glucose	Glucose	Glucose	Insulin/Diabetes Pill				Ketones	Comments
	Before Break- fast	Before Lunch	Before Dinner	Before Bed	Break- fast	Lunch	Dinner	Bed	recones	Commen
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