

Guthrie Clinic Diabetes Center

IMPORTANT: Give full name, phone and diabetes medication currently taking before giving blood sugar levels.

Call **570- 887-3373** to record your Blood Sugar levels on the answering machine dedicated for this purpose or **fax** this form to **570- 887-3035**. You will receive a return call within 24 hours with any changes in your medication. **Email: EndocrinologyNursingStaff@guthrie.org**

Name _____ **B#** _____ **Date** _____
Phone _____ **Work** _____
Provider _____ **Pharmacy** _____

Insulins

Key: R- Regular	N - NPH	Key: BB-Before Breakfast
HL - Humalog	70/30 nolvolog mix	AB-After Breakfast
75/25 humalog mix	G- Glargine (Lantus)	AS-After Supper
A-Aspart(Novolog)		AL-After Lunch

Instructions: Gestational Diabetes EDC:

Date	<u>Insulin Dose</u>				3am	<u>Blood Glucose Levels</u>							
	BB	BL	BS	BT		BB	AB	BL	AL	BS	AS	BT	

Test urine ketones every other day week 1, then weekly- Pass ketostix under urine stream, wait 15 sec' Cotton Pad will remain beige if negative. Dark Pink to Purple indicates Positive ketones, and should be reported.

Test Blood glucose before breakfast daily and 1 hour after meals. Goal BB is less than 90 and 1 hour after meals less than 120.

You will report BG levels and urine ketones weekly to phone number above.