

TRI-STATE MATERNAL-FETAL-MEDICINE ASSOCIATES
Blood Sugar & Medication Record for Pregnant Women with Diabetes

Name: _____ Home Phone: _____ Work/Cell Phone: _____

DOB: _____ EDD: _____ Gestational age: _____ (weeks) Weight: _____ (pounds)

Goals: Fasting/before meals less than 95 mg/dL; one-hour after meals less than 140 mg/dL, bedtime 90-120 mg/dL ; 2-3AM 70-105mg/dL

									Insulin Dosages/Other Medication (Please check the box for type of medication)				Comments <input type="checkbox"/> Diet Management
Fingerstick Blood Sugars							TIME		Breakfast	Lunch	Dinner	Bedtime	
Date	Fasting before brkfast	1 hr after brkfast	Before lunch	1 hour after lunch	Before dinner	1 hr after dinner	Bed-time	3:00 AM	NPH _____ Lantus/Levemir _____ HLog/NLog _____ Glyburide _____ Metformin _____	HLog/NLog _____ Glyburide _____ Metformin _____	NPH _____ HLog/NLog _____ Glyburide _____ Metformin _____	NPH _____ Lantus/Levemir _____ Glyburide _____ Metformin _____	

(Revised 8/19)

Blood sugars must be evaluated weekly: Please fax to: (513) 862-4358 or call nurse at (513) 862-2942.
Bring this record and your glucose meter to every doctor's visit.
If you have 3 elevated fasting blood sugars and/or 6 or more elevated, after-meal blood sugars, please call the nurse at 513-862-2942. If after hours, please call (513) 862-6200.

