My provider's name _____ Patient name: _____

Clinic phone number _____-_____-_____ Date of plan: ___ / ___ / _____

HOW MUCH INSULIN TO TAKE TO CORRECT MY BLOOD SUGAR

When to check my blood sugar:

___ First thing in the morning
___ Before meals
___ At bedtime
___ Whenever I feel my blood sugar is low or high

My mealtime insulin is: _____

My **breakfast-time** insulin dose is: _____**units.**

My **lunch-time** insulin dose is: _____ **units.**

My **dinner-time** insulin dose is: _____ **units.**

Blood sugar reading <u>BEFORE MEALS</u> (mg/dL)	**How much ADDITIONAL insulin to take with meals**
Less than 80	**15-15 rule**: Eat or drink 15 grams of fast-acting carbs (sugar) and recheck blood sugar 15 minutes later.
80 - 149	No additional insulin needed.
150 - 199	Additional units to take: _____
200 - 249	Additional units to take: _____
250 - 299	Additional units to take: _____
300 - 349	Additional units to take: _____
More than 350	Take _____ additional units **AND call my provider.**

Low blood sugar symptoms: sweaty, pale, hungry, irritable, lack of coordination, sleepy

Call my provider if low blood sugar is happening regularly, or more than one time per day

High blood sugar symptoms: dry mouth, thirsty, weak, headache, trouble seeing, frequent urination

My long-acting insulin is: _____

My dose is _____ units at _____

Not to be used for correction!