Insulin Pocket Guide for:_____

Created ___/____/____

My provider's name _____

Clinic phone number _____-_____-_____

My **long-acting insulin** is: _____

My dose is _____ units at _____

Not to be used for correction!

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.

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

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

HOW MUCH INSULIN TO TAKE TO CORRECT MY BLOOD SUGAR

My mealtime insulin is: _____

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

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

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

Blood sugar reading <u>BEFORE MEALS</u> (mg/dL)	**How much ADDITIONAL insulin to take with meals**
Less than 80	**15-15 rule** (eat 15g sugar, recheck in 15 minutes)
80 - 149	No additional insulin needed
150 - 199	Take_____ additional units
200 - 249	Take_____ additional units
250 - 299	Take_____ additional units
300 - 349	Take_____ additional units
More than 350	Take _____ units **AND call my provider**