Riley Hospital for Children
Indiana University Health

Only the most recent seven days of blood sugar please!
Please use **black** ink.

Logbook for Kids on Injections – Ratios

Fax to 317.948.2760 or email to diabhelp@iupui.edu

Patient's Name: _____ Date of birth: _____ Contact person: _____
Phone number(s) where you can be reached:
Home: _____ Cell: _____ Work: _____ Fax: _____
Name of diabetes doctor: _____

Blood Sugars (you may not use all times)

Date	Breakfast		Lunch		Supper		Bedtime	During Night

	Breakfast	Lunch	Supper	Bedtime
Long Acting	_____	_____	_____	_____

Carb Ratio/Corrective Dose

Breakfast
1 unit for _____ grams carb (BS-_____)/_____

AM Snack
1 unit for _____ grams carb

Lunch
1 unit for _____ grams carb (BS-_____)/_____

PM Snack
1 unit for _____ grams carb

Dinner
1 unit for _____ grams carb (BS-_____)/_____

Bedtime Snack
1 unit for _____ grams carb (BS-_____)/_____

When was last insulin dose change? _____

What changes would you like to make? _____