BEEVILLE
INDEPENDENT SCHOOL DISTRICT
INSPIRING BOLD INNOVATIVE LEADERS

BLOOD GLUCOSE MONITORING LOG (Refer to diabetes care plan)

Date	Time	Current BG Reading	OMNIPOD IOB (Insulin On Board)	OmniPOD Basal (Units/hr)	Time of Last Insulin Dose	Carb Count/ Insulin Administered (type of insulin and number of units. If per omnipod write "Per POD" and dose given)	Ketones	Snacks or water provided	Signs or symptoms/complaints of hyper- or hypoglycemia	Other comments/interventions	Staff Initials

Staff Name: _____ Signature: _____ Initials: _____ Title: _____

Staff Name: _____ Signature: _____ Initials: _____ Title: _____

Staff Name: _____ Signature: _____ Initials: _____ Title: _____

(see reverse for additional notes)

Legend:
BG= blood glucose level
POD = Omnipod insulin delivery device
IOB= Insulin on Board

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Date	Time	Additional Comments