



C.A.R.E. PROGRAM
Caregiver Assistance Resources and Education Program

Glucose (Blood Sugar) Levels Record

Patient name: _____

Instructions: Record blood glucose level at meals and bedtime. Record insulin dose if taken. Please bring this chart to all doctor appointments.

Chart Start Date: ____/____/____

Glucose (Blood Sugar) Levels

A1c: _____

Blood Glucose Reading / Insulin Dose Taken	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Lunch							
Dinner							
Bedtime							
Snack							

Sliding Scale of Blood Glucose Levels for Insulin Dose: **Your doctor should fill in the insulin dose for each level below.**

70 – 140 0 units 141 – 180 _____ units 181 – 220 _____ units 221 – 260 _____ units

261 – 300 _____ units 301 – 340 _____ units 341 – 400 _____ units and **Notify Your Doctor Immediately**



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