

DATE ▶																				
TIME ▶																				
BLOOD GLUCOSE	BEDSIDE	CAPILLARY																		
		VENOUS																		
		ARTERIAL																		
	LAB	PLASMA																		
URINE KETONES																				
INSULIN	ROUTINE	REGULAR (UNITS)																		
		NPH/LENTE (UNITS)																		
	COVER AGE	UNITS																		
	IV DRIP	UNITS/HR																		
HYPOGLYCEMIC TREATMENT	FOOD AND/OR FLUID																			
	GLUCAGON																			
	D50																			
OTHER																				
INITIALS																				

SIGNATURE KEY					
SIGNATURE AND TITLE	INITIALS	SIGNATURE AND TITLE	INITIALS	SIGNATURE AND TITLE	INITIALS

Patient Label

DIABETIC FLOW SHEET