Premier Perinatal

Glucose Monitoring Flowsheets

Patient Name: _____

Date	**Fingerstick**				**Insulin**				**Comments**
	Fasting	2 hrs after meals			AM		PM	HS	
	: AM	: AM	: PM	: PM	NPH	Reg	Reg	NPH	

Regular Insulin Sliding Scale:

<60	Eat Milk & Graham Crackers and call office
61 – 120	Nothing
121 – 140	2 units
141 – 160	4 units
161 – 180	6 units
181 – 200	8 units
201 – 220	10 units
≥251	12 units and call office

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