SAVE PRINT

Center for Social Change, Inc.

Glucose Monitoring

Name: _____ Month: _____

Please contact the nurse at 410-654-1010 if blood sugar is Below_____ or above_____. If blood sugar is below _____ DO NOT give insulin until you have spoken to the nurse.

Date	Time am/pm	Blood sugar	Protocol implemented – comments from nurse	Time am/pm	Blood sugar	Initials