SAVE PRINT

Center for Social Change, Inc.

GLUCOSE TRACKING LOG

Individual's Name: _____Month: _____ Year: _____

Date	Time	Blood Sugar Reading	2nd Reading. Must be taken IMMEDIATELY and chart if reading Below 50 or Higher than 250	Name of staff taking reading (PLEASE PRINT)	Time insulin administered (LPN MUST PUT TIME and INITIALS. CMT to remind LPN Document (PLEASE PRINT)	Comments(LPN or CMT)

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Updated: July/2017