



**Barbara Davis Center for Childhood Diabetes**  
**University of Colorado Health Sciences Center**  
 Fax: 303-724-6779 Phone: 303-724-2323

### DAILY RECORD SHEET

To Parents: \_\_\_\_\_

Patient: \_\_\_\_\_ Age: \_\_\_\_\_

Physician: \_\_\_\_\_

Nurse Educator: \_\_\_\_\_

Date	Breakfast		Lunch		Dinner		Bedtime		Comments: Reactions, exercise, illness, bedtime snack
	Results	Insulin Dose	Results	Insulin Dose	Results	Insulin Dose	Results	Insulin Dose	
Time									
BG/Ket									
Time									
BG/Ket									
Time									
BG/Ket									
Time									
BG/Ket									
Time									
BG/Ket									
Time									
BG/Ket									
Time									
BG/Ket									

- Your child's blood sugar has been **BELOW** target range 2 or more times in the past week. Your child may need an insulin dose adjustment.
- Your child's blood sugar has been **ABOVE** target range 3 or more times in the past week. Your child may need an insulin dose adjustment.

**Per request from the BDC, please complete this form with all blood sugars and insulin doses and fax to 303-724-6779 for dose adjustments.**

- Contact school RN at: \_\_\_\_\_ (school) when adjustments to school insulin dosing have been made.
- Send amended HCP to school when dose adjustments are more than 2units +/-.
- Please sign & return form to school: \_\_\_\_\_