



800 East 21st Street
 PO Box 5045
 Sioux Falls, SD 57117-5045
 (605) 322-8000



DIAB FLO

| DATE | INSULIN DOSE and CARB GRAMS | | | | | | | GLUCOSES | | | | | | | ACTION (Document all applicable responses) | | | | |
|------|-----------------------------|-----------|----------------|-------|------------|--------|-------------|----------|---------------|---------------|----------------|-----------|------------|------------|---|----|------|----------|-------|
| | INSULIN TYPE | BREAKFAST | POST-BREAKFAST | LUNCH | POST-LUNCH | DINNER | POST-DINNER | BEDTIME | MIDDLE OF NOC | PRE-BREAKFAST | POST-BREAKFAST | PRE-LUNCH | POST-LUNCH | PRE-DINNER | POST-DINNER | HS | Time | Response | Init. |
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| | Carb. gms | | | | | | | | | | | | | | | | | | |
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| | Carb. gms | | | | | | | | | | | | | | | | | | |
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| | Carb. gms | | | | | | | | | | | | | | | | | | |
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| | Carb. gms | | | | | | | | | | | | | | | | | | |

Response Keys
 1 - MD called with GLUB/glucose
 2 - 8 oz milk
 3 - 4 oz juice
 4 - 6 saltines
 5 - 2 pkg graham crackers
 6 - D50 50 ml IV
 7 - D50 25 ml IV
 8 - Glucagon 1 mg IM
 9 - Glucose tabs
 10 - Glucose gel
 11 - Insulin held

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|----------|-----------|-------|----------|-----------|-------|
| Initials | Signature | Title | Initials | Signature | Title |
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| | Carb. gms | | | | | | | | | | | | | | | | | | |
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