

GLUCOSE SCALE

Patient Name: _____ DOB: _____

Insulin Plan

Long Acting Insulin:

- | | | |
|-------------------------------|-------------------------------|--------------------------------|
| <input type="radio"/> Lantus | <input type="radio"/> Toujeo | <input type="radio"/> Basaglar |
| <input type="radio"/> Levemir | <input type="radio"/> Tresiba | <input type="radio"/> Soliqua |

Short Acting Insulin:

- | | | |
|-------------------------------|-------------------------------|-----------------------------|
| <input type="radio"/> Novolog | <input type="radio"/> Humalog | <input type="radio"/> Fiasp |
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PLEASE ADD TO CURRENT DOSE:

IF BLOOD GLUCOSE (mg/DL)	Less than or equal to 120 Add Zero (0)
IF BLOOD GLUCOSE (mg/DL)	121-150 Add + 2Units
IF BLOOD GLUCOSE (mg/DL)	151-180 Add + 3Units
IF BLOOD GLUCOSE (mg/DL)	181-210 Add + 4Units
IF BLOOD GLUCOSE (mg/DL)	211-240 Add + 5Units
IF BLOOD GLUCOSE (mg/DL)	241-270 Add + 6Units
IF BLOOD GLUCOSE (mg/DL)	271-300 Add + 7Units
IF BLOOD GLUCOSE (mg/DL)	301-330 Add + 8Units
IF BLOOD GLUCOSE (mg/DL)	331-360 Add + 9units
IF BLOOD GLUCOSE (mg/DL)	361-400 Add + 10Units
CALL PHYSICIAN FOR BLOOD GLUCOSE OVER	400 mg/dL

Blood Sugar Levels Goals

Fasting Blood Sugar

70 - 130 (ideal under 110) mg/dL

Two Hours After Meals

Under 180 (Ideal is under 140) mg/dL

Hemoglobin A1c (HbA1c)

Ideal: 4-6% Good: 7% Okay: 8% Poor: 9% or above