

# LANTUS – LEVEMIR: BASAL/BOLUS LOG DAILY LOG SHEETS FAX: 954-981-5516

Patient's Name: \_\_\_\_\_ Parent's Name & Phone # \_\_\_\_\_  
 Dr. Nemery/ Dr. Almaguer/ Dr. Kopp/ Dr. Charlton/Chris Ring ARNP, CDE/ Andi Jacobson RN, BSN, CDE/Sandy Steiner RN,CDE **(954) 265-6984**

<b>Insulin to Carb Ratio</b> Total Carbs divided by ratio # in each box. (1 unit per every _____ gms of carbs)	<b>Breakfast</b>	<b>Snack</b>	<b>Lunch</b>	<b>Snack</b>	<b>Dinner</b>	<b>Bedtime</b>	<b>Correction #</b> (where to start correcting) _____  <b>Insulin Sensitivity</b> (1 unit will drop the blood sugar _____ mg/dl)
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	12M	1A	2A	3A	4A	5A	6A	7A	8A	9A	10A	11A	12N	1P	2P	3P	4P	5P	6P	7P	8P	9P	10P	11P
<b>Date/Time</b>																								
Day																								
<b>Blood Glucose</b>																								
<b>Carbs (total)</b>																								
<b>Food Bolus</b>																								
<b>Correction &gt;BS Bolus</b>																								
<b>Humalog</b>																								
<b>Novolog</b>																								
<b>Apidra</b>																								
<b>TOTAL BOLUS</b>																								
<b>LANTUS (Glargine)</b>																								
<b>LEVEMIR (Determir)</b>																								
<b>Ketones</b>																								
<b>Exercise</b>																								

BREAKFAST			LUNCH			DINNER		
Time	Food Description	Carb gms	Time	Food Description	Carb gms	Time	Food Description	Carb gms
<b>Morning snack</b>			<b>Afternoon Snack</b>			<b>Evening Snack</b>		

Patient Notes: \_\_\_\_\_

MD/ARNP/RN-CDE Notation: \_\_\_\_\_