

**TRI-STATE MATERNAL-FETAL-MEDICINE ASSOCIATES**  
**Blood Sugar & Medication Record for Pregnant Women with Diabetes**

Name: \_\_\_\_\_

CGM Share Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Weight: \_\_\_\_\_ EDD: \_\_\_\_\_

Gestational age: \_\_\_\_\_ (weeks)

**Goals: Fasting/ before meals less than 95; one-hour after meals less than 140; bedtime 90-120 mg/dL; 2-4AM 70-105**

									Insulin Dosages/Other Medication (Please check the box for type of medication)				Comments
	Fingerstick Blood Sugars						TIME		Breakfast	Lunch	Dinner	Bedtime	
Date	Fasting before brkfast	1 hr after brkfast	Before lunch	1 hour after lunch	Before dinner	1 hr after dinner	Bed-time	3:00 AM	NPH_____ Lantus/Levemir_____ HLog/NLog_____ Glyburide_____ Metformin_____	HLog/NLog_____ Glyburide_____ Metformin_____	NPH_____ HLog/NLog_____ Glyburide_____ Metformin_____	NPH_____ Lantus/Levemir_____ Glyburide_____ Metformin_____	<input type="checkbox"/> Diet Management

**Blood sugar logs must be evaluated weekly: Please send via MyChart Message**  
**Please call TSMFM office with any concerns: (513) 862-6200**