

# TRI-STATE MATERNAL-FETAL MEDICINE ASSOCIATES

Insulin Pump Blood Sugar & Medication Record for Pregnant Women with Diabetes

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

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

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

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

**Goals: Fasting 70-95; before meals less than 100; one-hour after meals less than 140; bedtime between 90-120; 2-4AM 70-105**

Time:										Comments
Insulin Basal Rates (u/hr): <input type="checkbox"/> Humalog <input type="checkbox"/> NovoLog										Average times of: Breakfast _____ Lunch _____ Dinner _____
CHANGES made by MD										
Insulin to Carb Ratios:										Correcting/Sensitivity Bolus: _____ u/mg/dL
	<b>Fingerstick Blood Sugars</b>									
Date:	3 AM	Fasting - before breakfast	1 hr after breakfast (with time)	Before lunch	1 hour after lunch (with time)	Before dinner	1 hr after dinner (with time)	Bedtime	Others	

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