

# High Blood Sugar Level Record

You can complete this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form to record a high blood sugar level problem. Fill out a record each time this happens. Take the completed form(s) to the doctor. If you or your child with diabetes is having high blood sugar problems, the diabetes medicine dose may need to be adjusted or the medicine may need to be changed.

Date:

Time of day that the emergency occurred:	
Symptoms:	
Blood sugar levels during the emergency:	
Was a dose of diabetes medicine missed?	<input type="radio"/> Yes <input type="radio"/> No
Did you (or your child) take it when the medicine was remembered?	<input type="radio"/> Yes <input type="radio"/> No
Was a dose of fast-acting insulin taken?	<input type="radio"/> Yes <input type="radio"/> No
If an insulin dose was taken, how much was taken?	units
Was emergency care needed?	<input type="radio"/> Yes <input type="radio"/> No