High Blood Sugar Record for a Child

You can complete the highlighted fields on 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 your child's high blood sugar problems. Fill out a record each time he or she has a high blood sugar emergency. Take the completed form(s) with you when you visit your child's health professional. If your child is having frequent high blood sugar problems, his or her medication for diabetes may need to be adjusted or changed. If your child takes insulin, the dose may need to be adjusted.

Date:		Time:					
Did the	Did the child seem sick? If so, what were the symptoms?						
What w	as he or she doing	before f	the episode?				
High bl	High blood sugar symptoms:						
Blood s	sugar levels during t	he eme	rgency:				
Was a dose of medication (insulin or oral medication for diabetes) missed?						O No	
Did yo	u give it once you re	emembe	red?			Yes	🔘 No
Was a	dose of fast-acting	insulin g	given: 🦳 Yes	🔵 No	If so, what was	s the dose?	units
Was e	mergency care need	ded?				O Yes	No

Date:		Time:					
Did the	Did the child seem sick? If so, what were the symptoms?						
What was he as she doing before the opicedo?							
vvnat v	What was he or she doing before the episode?						
High blood sugar symptoms:							

Blood sugar levels during the emergency:						
Was a dose of medication (insulin or oral medication for diabetes) missed? O Yes						
Did you give it once you remembered?	Yes	No				
Was a dose of fast-acting insulin given: Yes No If so, what was the dose?						
Was emergency care needed?	Yes	O No				

Date:		Time:					
Did the	Did the child seem sick? If so, what were the symptoms?						
What v	vas he or she doing	before the	episode?				
High bl	ood sugar symptom	IS:					
Blood	sugar levels during	the emerge	ency:				
Was a	dose of medication	(insulin or	oral medication	on for diab	etes) missed?	Yes	O No
Did yo	u give it once you re	emembered	l?			Yes	No
Was a	dose of fast-acting	insulin give	en: 🔿 Yes	No	If so, what was t	he dose?	units
Was e	mergency care need	ded?				Yes	O No



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