High or Low Blood Sugar Level 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.

Low blood sugar level

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

Date:	Time:				
Activity before	low blood sugar:				
Time the medic	cine was last given, and	I the amount given:			
Symptoms:					
How long symp	otoms lasted:				
Blood sugar lev	vels during the problem:	:			
Kind and amou	int of glucose or sucrose	e tablets or solution or otl	her quick-sugar food that	was taken:	
Was glucagon	given (only for children	who take insulin)?		Yes	No
Was emergence	cy care needed?			Yes	No



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High Blood Sugar Level

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

Date: Lime	:		
Did your child seem sick? If so	, what were the symptoms?		
What was he or she doing before	ore the episode?		
High blood sugar symptoms:			
Blood sugar levels during the p	problem:		
Was a dose of diabetes medic	ine missed? Did you give it after you remembered?		
Was a dose of fast-acting insu	lin given? If so, what was the dose?units		
Was emergency care needed?		Yes	No



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