



800 East 21st Street  
 PO Box 5045  
 Sioux Falls, SD 57117-5045  
 (605) 322-8000



DIAB FLO

DATE	INSULIN DOSE and CARB GRAMS							GLUCOSES							ACTION (Document all applicable responses)				
	INSULIN TYPE	BREAKFAST	POST-BREAKFAST	LUNCH	POST-LUNCH	DINNER	POST-DINNER	BEDTIME	MIDDLE OF NOC	PRE-BREAKFAST	POST-BREAKFAST	PRE-LUNCH	POST-LUNCH	PRE-DINNER	POST-DINNER	HS	Time	Response	Init.
	Carb. gms																		
	Carb. gms																		
	Carb. gms																		
	Carb. gms																		

**Response Keys**  
 1 - MD called with GLUB/glucose  
 2 - 8 oz milk  
 3 - 4 oz juice  
 4 - 6 saltines  
 5 - 2 pkg graham crackers  
 6 - D50 50 ml IV  
 7 - D50 25 ml IV  
 8 - Glucagon 1 mg IM  
 9 - Glucose tabs  
 10 - Glucose gel  
 11 - Insulin held

Initials	Signature	Title	Initials	Signature	Title



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