

## INSULIN-TO-CARBOHYDRATE WORKSHEET

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

- Please record the food you eat, how much you ate, and the amount of carbohydrate (carb) in your serving size.
- In the "Other" column, note issues that may affect blood glucose (BG) such as activity (indicate type and time) and illness. If hypoglycemia has occurred, indicate time and treatment.
- Note the BG value before your meal and the time and amount of insulin taken to cover carb amount, to correct for BG (if needed), and to adjust for planned activity.
- Record BG 2 hours after your meal. The goal is that two (2) hours after your meal the BG would be within target range.

### LEGEND

#### Intermediate-Acting

N = Humulin® N

NPH = Novolin® NPH

#### Long-Acting

L = Lantus® (glargine)

Lev = Levemir®

#### Rapid-Acting

H = Humalog®

A = NovoRapid®

P = Apidra®

MEAL		BLOOD GLUCOSE (BG) AND INSULIN		OTHER	
				<ul style="list-style-type: none"> <li>• Activity (type &amp; time)</li> <li>• Illness</li> <li>• Hypoglycemia (time &amp; treatment)</li> </ul>	
<b>BREAKFAST</b>	<b>Time:</b>	<b>Before Bkfst</b> _____ <b>mmol/L</b>			
	<b>Food/Amount</b>	<b>Grams Carb</b>	<b>INSULIN</b>		<b>TIME:</b> _____
	_____	_____	<input type="checkbox"/> Carb/Meal		_____
	_____	_____	<input type="checkbox"/> To correct BG		_____
	_____	_____	<input type="checkbox"/> Activity Adjustment		_____
	_____	_____	Total Rapid-Acting =		_____
<b>Total Carb =</b> _____		<b>OR</b>			
		Total Intermediate/Long = _____			
		Total Pump Bolus = _____			
		<b>2 hrs after Bkfst</b> _____ <b>mmol/L</b>			
<b>MORNING SNACK (TIME):</b>		<b>TYPE/AMOUNT:</b>		<b>GRAMS CARB:</b>	
<b>LUNCH</b>	<b>Time:</b>	<b>Before Lunch</b> _____ <b>mmol/L</b>			
	<b>Food/Amount</b>	<b>Grams Carb</b>	<b>INSULIN</b>		<b>TIME:</b> _____
	_____	_____	<input type="checkbox"/> Carb/Meal		_____
	_____	_____	<input type="checkbox"/> To correct BG		_____
	_____	_____	<input type="checkbox"/> Activity Adjustment		_____
	_____	_____	Total Rapid-Acting =		_____
<b>Total Carb =</b> _____		<b>OR</b>			
		Total Intermediate/Long = _____			
		Total Pump Bolus = _____			
		<b>2 hrs after Lunch</b> _____ <b>mmol/L</b>			
<b>AFTERNOON SNACK (TIME):</b>		<b>TYPE/AMOUNT:</b>		<b>GRAMS CARB:</b>	

MEAL		BLOOD GLUCOSE (BG) AND INSULIN		OTHER	
<b>SUPPER</b>	<b>Time:</b>	<b>Before Dinner</b> _____ <b>mmol/L</b>		<ul style="list-style-type: none"> <li>• Activity (type &amp; time)</li> <li>• Illness</li> <li>• Hypoglycemia (time &amp; treatment)</li> </ul>	
	<b>Food/Amount</b>	<b>Grams Carb</b>	<b>INSULIN</b> <b>TIME:</b> _____ <input type="checkbox"/> Carb/Meal _____ <input type="checkbox"/> To correct BG _____ <input type="checkbox"/> Activity Adjustment _____ Total Rapid-Acting = _____ Total Intermediate/Long = _____ <b>OR</b> Total Pump Bolus = _____		
	_____	_____			
	_____	_____			
	<b>Total Carb =</b> _____	<b>2 hrs after Dinner</b> _____ <b>mmol/L</b>			
<b>EVENING SNACK</b>	<b>Time:</b>	<b>Bedtime</b> _____ <b>mmol/L</b>			
	<b>Food/Amount</b>	<b>Grams Carb</b>	<b>INSULIN</b> <b>TIME:</b> _____ <input type="checkbox"/> Carb/Meal _____ <input type="checkbox"/> To correct BG _____ <input type="checkbox"/> Activity Adjustment _____ Total Rapid-Acting = _____ Total Intermediate/Long = _____ <b>OR</b> Total Pump Bolus = _____		
	_____	_____			
	_____	_____			
	<b>Total Carb =</b> _____	<b>11:00 p.m. (2300)</b> _____ <b>mmol/L</b>			
		<b>3:00 a.m. (0300)</b> _____ <b>mmol/L</b>			
BASAL PROFILES WHEN USING AN INSULIN PUMP					
Start Time	End Time	Rate	Start Time	End Time	Rate