

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	Long-Acting
N = Humulin® N	L = Lantus® (glargine)
NPH = Novolin® NPH	Lev = Levemir®
Rapid-Acting	
H = Humalog®	
A = NovoRapid®	
P = Apidra®	

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

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

BASAL PROFILES WHEN USING AN INSULIN PUMP

Start Time	End Time	Rate	Start Time	End Time	Rate