

PEDIATRIC FLOW SHEET

Diabetes Centre

Name: _____ PUMP Start Date: _____

Date of Diagnosis: _____ Type of Diabetes: _____

DATE						
Puberty						
Ht	%ile					
Wt	%ile					
BMI	%ile					
BP	%ile					
U/kg insulin						
Insulin regime (MDI, etc.)						
Hypo						
DKA						
Eye ¹						
Dietitian ¹						
Social Work/ Other						

LABORATORY DATA - BLOOD

Glucose ²						
A1C						
Chol	Trig					
HDL	LDL					
TTG	Celiac					
TSH	ThyAB					
Thyroid Meds.						
	³					
	³					

LABORATORY DATA - URINE

Glucose ⁴						
Ketones ⁴						
Proteinuria						
ACR						
Micro						
Signature						

%ile Percentile
 Hypo Occurrence of severe hypoglycemia (unable to help self)
 ACR Albumin/Creatinine Ratio

1. Record date of last appointment.
 2. Record capillary on top; lab on bottom.
 3. Other lab data.
 4. Tests up to discretion of individual DC.