

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 medicine was last given, and the amount given:		
Symptoms:		
How long symptoms lasted:		
Blood sugar levels during the problem:		
Kind and amount of glucose or sucrose tablets or solution or other quick-sugar food that was taken:		
Was glucagon given (only for children who take insulin)?	Yes	No
Was emergency care needed?	Yes	No



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High Blood Sugar Level

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:

Time:

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



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