



**Texas Children's  
Hospital®**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

BG Goal: Fasting: \_\_\_\_\_ mg/dL

2 hrs Post Meals: \_\_\_\_\_ mg/dL

MR Number/DOB: \_\_\_\_\_

Medication: \_\_\_\_\_

BG Readings																									
	12AM	1	2	3	4	5	6	7	8	9	10	11	Noon	1	2	3	4	5	6	7	8	9	10	11PM	

Carbs Eaten																									
Basal Insulin																									
Meal Insulin																									
High BG Correctio																									

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Breakfast			Lunch			Dinner		
Time	Food Description	Carbs	Time	Food Description	Carbs	Time	Food Description	Carbs
Snack			Snack			Snack		
Time	Food Description	Carbs	Time	Food Description	Carbs	Time	Food Description	Carbs