Lemon-AID
Medical Management

INSULIN AND BLOOD SUGAR LOG

Bring this log to every visit. Your blood sugar numbers next to the insulin you actually took are what let us adjust your doses safely — a number on its own tells us far less.

Patient Name		Date of Birth	
Week Beginning		A1C / Date	

MY INSULIN PLAN

Basal (long-acting) insulin	Name: _____ Dose: _____ units Time: _____
Bolus (mealtime) insulin	Name: _____
Fixed mealtime doses	Breakfast _____ u Lunch _____ u Dinner _____ u ○ Not applicable
Carbohydrate ratio	1 unit for every _____ grams of carbohydrate ○ Not applicable
Correction factor	1 unit lowers my blood sugar about _____ mg/dL ○ Not applicable
My target blood sugar	Before meals _____ to _____ mg/dL Bedtime _____ to _____ mg/dL
Correction formula	(Current blood sugar − target) ÷ correction factor = correction units
My correction scale	○ Low ○ Medium ○ High ○ Custom (see the correction scale table)
Other medications	

DAILY RECORD

Date	Break-fast BG	Break-fast units	Lunch BG	Lunch units	Dinner BG	Dinner units	Bed-time BG	Basal units / time	Notes (food, activity, lows, illness, missed doses)

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HOW TO USE THIS LOG

- BASAL is your background insulin — it works all day and overnight and covers you between meals. Take it at the same time every day, even on days you are not eating much.
- BOLUS is your mealtime insulin — it covers the carbohydrate in the meal you are about to eat, plus a correction if your blood sugar is already high. Record the blood sugar you measured BEFORE the meal and the total units you took, including any correction.
- DO NOT STACK CORRECTIONS. Wait at least 3 to 4 hours after a bolus before giving another correction, or you will go low.
- Note anything unusual — a big meal, exercise, alcohol, illness, stress, a missed dose, or a low. That context is how we tell a pattern from a one-off.

CORRECTION (SLIDING) SCALE

A correction dose is extra rapid-acting insulin given when your blood sugar is above target. It is given IN ADDITION TO your usual mealtime dose, not instead of it, and it does not replace your basal insulin. Your provider has circled which column applies to you.

Blood Sugar Before Meal (mg/dL)	Low Scale	Medium Scale	High Scale	My Dose (units)
Below 70	Treat the low first — no correction insulin on any scale			
70 to 149	0	0	0	
150 to 199	1 unit	2 units	4 units	
200 to 249	2 units	4 units	8 units	
250 to 299	3 units	6 units	12 units	
300 to 349	4 units	8 units	16 units	
350 to 399	5 units	10 units	20 units	
400 or higher	6 units	12 units	24 units	

WHICH SCALE IS MINE? The scale your provider chooses depends on how sensitive you are to insulin — generally, how much total insulin you take in a day and your body size. Do not switch scales on your own.

- LOW SCALE — for people who are sensitive to insulin and take smaller total daily doses
- MEDIUM SCALE — the usual starting point for most adults
- HIGH SCALE — for people who need larger total daily doses to get the same effect
- CUSTOM — your provider writes your own doses in the My Dose column

DO NOT STACK CORRECTIONS. Wait at least 3 to 4 hours after any rapid-acting insulin before giving another correction. Insulin is still working even after your blood sugar starts coming down, and giving more too soon is the most common cause of a severe low.

- Never give a correction for a blood sugar under 150 unless your provider has told you to.
- At bedtime, many people use a reduced correction or none at all — follow what your provider wrote for you: ○ Full scale at bedtime ○ Half scale at bedtime ○ No correction at bedtime

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- If your blood sugar is 400 or higher, or above 300 on more than two checks in a row, take the correction and call the office the same day.
- If you are needing a correction at the same time of day most days, the problem is your basal or mealtime dose, not the correction. Tell us — that is a dose adjustment, not something to keep correcting.

LOW BLOOD SUGAR (HYPOGLYCEMIA)

A blood sugar below 70 mg/dL is too low and must be treated right away. Signs include shakiness, sweating, a fast heartbeat, hunger, confusion, irritability, blurred vision, or feeling suddenly weak. Some people stop feeling these warnings over time — tell us if that is happening to you.

TREAT WITH THE 15-15 RULE. Take 15 grams of fast-acting sugar, wait 15 minutes, and check again. If you are still below 70, repeat. Once you are above 70, eat a snack or meal if your next one is more than an hour away.

15 grams of fast-acting sugar is any one of these:

- 4 glucose tablets, or one tube of glucose gel
- 4 ounces (half a cup) of juice or regular, non-diet soda
- 1 tablespoon of sugar, honey, or syrup

Do not treat a low with chocolate, ice cream, or anything with fat in it — the fat slows the sugar down when you need it fast. Keep fast-acting sugar with you at all times, in the car, and at your bedside.

GLUCAGON is emergency treatment for a severe low, when someone cannot swallow safely or is unconscious. Ask us for a prescription if you do not have one, and make sure the people you live and work with know where it is and how to use it. Never put food or drink in the mouth of someone who is not fully awake.

CALL 911 IF SOMEONE WITH DIABETES IS UNCONSCIOUS, HAVING A SEIZURE, OR CANNOT SWALLOW

SICK DAY RULES

NEVER STOP YOUR BASAL INSULIN, even if you are not eating. Illness raises blood sugar, and stopping long-acting insulin during an illness is one of the most dangerous things a person on insulin can do.

- Check your blood sugar every 3 to 4 hours while you are sick, including overnight.
- Check ketones if your blood sugar is over 250 mg/dL twice in a row, or any time you are vomiting — especially if you have type 1 diabetes.
- Keep drinking. Aim for a cup of sugar-free fluid every hour while awake. If you cannot eat, switch to fluids that contain carbohydrate to avoid going low.

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- Keep taking your mealtime insulin for whatever carbohydrate you do manage to take in.
- Your insulin needs usually go UP during illness, not down. Call us rather than guessing.

Call us the same day if you are sick and: vomiting and unable to keep fluids down, blood sugars stay above 250 mg/dL, you have moderate or large ketones, or you are not sure how to adjust your insulin.

INJECTING SAFELY

- Rotate your injection sites. Use the abdomen, the front and outer thigh, the back of the upper arm, or the upper outer buttock, and move a finger-width from your last spot each time.
- Do not inject into a lump, a hard patch, a bruise, or a scar. Repeated injections in one spot build up fatty lumps that make insulin absorb unpredictably — which looks like your insulin has stopped working.
- Use a new needle every injection. Reused needles bend, hurt more, and dose less accurately.
- Never share an insulin pen with anyone, even with a new needle. Pens can carry blood back into the cartridge.
- Dispose of needles in a sharps container, or a heavy-duty plastic container with a puncture-resistant lid labeled as hazardous waste. Never in household trash or recycling.
- Store unopened insulin in the refrigerator. Once in use, follow the label for how many days it may be kept at room temperature — it varies by product. Never freeze insulin, and never use insulin that has been frozen, has changed appearance, or is past its date.
- Keep a spare pen or vial on hand, and take insulin and supplies with you in a carry-on, never checked baggage.

WHEN TO CALL US

CALL THE OFFICE

- Blood sugars are consistently above or below your target for several days
- You are having lows more than twice a week, lows you cannot explain, or lows overnight
- You have stopped feeling your low blood sugar warning signs
- You are sick, not eating normally, or starting a steroid such as prednisone
- You are starting or stopping any other medication
- You are running out of insulin or supplies, or having trouble affording them — tell us, there are options
- A sore or wound on your foot that is not healing

SEEK EMERGENCY CARE — CALL 911

- A low that does not come up after two rounds of the 15-15 rule
- Confusion, seizure, or loss of consciousness
- Blood sugar above 300 mg/dL with nausea, vomiting, abdominal pain, deep or rapid breathing, breath that smells fruity, or drowsiness — this may be diabetic ketoacidosis and it is an emergency

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Reviewed with patient by: _____ Date: _____ / _____ / _____

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