

RN CDE Web Page

Today's Date:			
Name:		E-mail:	
Telephone: home #	Mobile #	Work #	
Name of doctor			
Question(s):			

For Insulin Pumpers only:						
Basal Rates		Carb ratio		Sensitivity		Active (On-Board) Insulin
Time	Amount	Time	Amount	Time	Amount	

For all Patients - Blood Sugar (BS), Carbohydrate(Carbs), and Insulin Dose (Insulin) Info.								
Date:								
	3:00 AM	Pre-Bkfst	Post-Bkfs	Pre-Lunch	Post-Lunch	Pre-Din	Post-Din	Bedtime
Time								
BS								
Carbs								
Insulin								

Date:								
	3:00 AM	Pre-Bkfst	Post-Bkfs	Pre-Lunch	Post-Lunch	Pre-Din	Post-Din	Bedtime
Time								
BS								
Carbs								
Insulin								

Date:								
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