



ENDOCRINOLOGY & DIABETES UNIT

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<http://endodiab.bcchildrens.ca>

**BLOOD GLUCOSE LOG FOR
CYSTIC FIBROSIS-RELATED DIABETES**

Name: _____ may be emailed to: dcnurse@cw.bc.ca

Contact Name and Phone Number: _____

Date of Birth: _____ Diabetes Doctor: _____

Date	Blood Glucose			Diabetes Medication, if Any				Comments: Exercise, Diet, Missed Meals, Illness, etc.
	Fasting: before Breakfast	2 Hours after Supper	Other Time(s)	AM	Noon	Supper	Bed	

Desired Blood Glucose Levels:

- fasting: less than 7.0 mmol/L
- 2 hours after meal: less than 9.0 mmol/L

Your Suggestions: _____