Mariposa Perinatal Services
Mladen Predanic, MD, MSc, FACOG
Maternal Fetal Medicine

Blood Glucose Registry (Diabetes in Pregnancy)

PATIENT NAME _____ **DATE** _____

☐ American Diet Association (ADA) diet ONLY

☐ ADA diet and ORAL HYPOGLYCEMIC medication (☐ Metformin; ☐ Glyburide): Morning dose (7AM-9AM) dose _____ mg

Evening dose (7PM-9PM) dose _____ mg

☐ ADA diet and INSULIN:

Type of Insulin	NPH (N insulin)	Ultra-Short (e.g. Humolog/Novolog) or Regular	Other Insulin _____ or PUMP	
Before Breakfast	_____ units	_____ units (admin. together)	_____ units	Night _____ units
Before Lunch		_____ units (10min prior)	_____ units	Day _____ units
Before Dinner (4-5PM)		_____ units (10min / 30min prior)	_____ units	Bolus _____ units
Bedtime (around 10PM)	_____ units		_____ units	Correction _____ units

☐ POSTPRANDIAL INSULIN (sliding scale):
If glucose FS 2h postprandial (after the meal) is >150 mg/dl, than administer once (x1) ultra-short or short acting insulin total of 2 units for every 30 mg/dl glucose elevation *(e.g. if FS is 195 mg/dl, give yourself once 4 units of ultra-short or short acting insulin – 150+30+15=195 mg/dl that is 2+2=4 units of insulin)*

Mark below what are your blood sugar (glucose) levels when you wake up (fasting) and ☐ 1 hour, or ☐ 2 hours* after each meal.

Date	Fasting Goal <95 mg/dl	After Breakfast Goal <120 mg/dl*	After lunch Goal <120 mg/dl*	After dinner Goal <120 mg/dl*	Notes	Reviewed