

# High Blood Sugar Record for a Child

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

Use this form to record your child's high blood sugar problems. Fill out a record each time he or she has a high blood sugar emergency. Take the completed form(s) with you when you visit your child's health professional. If your child is having frequent high blood sugar problems, his or her medication for diabetes may need to be adjusted or changed. If your child takes insulin, the dose may need to be adjusted.

Date:

Time:

Did the child seem sick? If so, what were the symptoms?

What was he or she doing before the episode?

High blood sugar symptoms:

Blood sugar levels during the emergency:

Was a dose of medication (insulin or oral medication for diabetes) missed?  Yes  No

Did you give it once you remembered?  Yes  No

Was a dose of fast-acting insulin given:  Yes  No If so, what was the dose? units

Was emergency care needed?  Yes  No

Date:

Time:

Did the child seem sick? If so, what were the symptoms?

What was he or she doing before the episode?

High blood sugar symptoms:

Blood sugar levels during the emergency:

Was a dose of medication (insulin or oral medication for diabetes) missed?  Yes  No

Did you give it once you remembered?  Yes  No

Was a dose of fast-acting insulin given:  Yes  No If so, what was the dose?  units

Was emergency care needed?  Yes  No

Date:

Time:

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High blood sugar symptoms:

Blood sugar levels during the emergency:

Was a dose of medication (insulin or oral medication for diabetes) missed?  Yes  No

Did you give it once you remembered?  Yes  No

Was a dose of fast-acting insulin given:  Yes  No If so, what was the dose?  units

Was emergency care needed?  Yes  No