

# Low Blood Sugar Level Record

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 a low blood sugar level problem. Fill out a record each time this happens. Take the completed form(s) to the doctor. If you or your child is having low blood sugar problems, the diabetes medicine dose may need to be adjusted or the medicine may need to be changed.

Date:

Time:

Time that the last dose of medicine was given and the amount:

Symptoms, if any:

How long symptoms lasted:

Blood sugar levels during the problem:

Activity before low blood sugar:

Kind and amount of glucose or sucrose tablets or solution or other quick-sugar food that was taken:

Was glucagon given?

Yes

No

Was emergency care needed?

Yes

No

Date:

Time:

Time that the last dose of medicine was given and the amount:

Symptoms, if any:

How long symptoms lasted:

Blood sugar levels during the problem:

Activity before low blood sugar:

Kind and amount of glucose or sucrose tablets or solution or other quick-sugar food that was taken:

Was glucagon given (only for people who take insulin)?

Yes

No

Was emergency care needed?

Yes

No

