



- ST. JOSEPH MERCY HOSPITAL
- SAINT JOSEPH MERCY SALINE HOSPITAL
- SAINT JOSEPH MERCY LIVINGSTON HOSPITAL
- SAINT JOSEPH MERCY CENTER FOR DIABETES

Page 1 of 2 **Comprehensive Diabetes Management Flow Sheet**

Name: _____ Day: _____ Date: _____

Comments: _____

	12 A	1	2	3	4	5	6	7	8	9	10	11	12 P	1	2	3	4	5	6	7	8	9	10	11	
Blood sugar																									
Intermediate or Long-Acting Insulin																									
Carbohydrates																									
Insulin for Carbohydrate																									
Insulin for High BG																									
Total Fast-Acting Insulin																									
Exercise																									

Breakfast			Lunch			Dinner		
Time	Food Description	Carb gms	Time	Food Description	Carb gms	Time	Food Description	Carb gms
Total Carbohydrate Grams			Total Carbohydrate Grams			Total Carbohydrate Grams		
Morning Snacks			Afternoon Snacks			Evening Snacks		
Total Carbohydrate Grams			Total Carbohydrate Grams			Total Carbohydrate Grams		

Page 2 of 2 **Comprehensive Diabetes Management Flow Sheet**

Name: _____ Day: _____ Date: _____

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