WENTWORTH HEALTH PARTNERS

**Alert**

**Endocrinology & Diabetes Consultants**

**NAME:** _____

**DOB:** _____

**Due Date:** _____

**Home Phone:** _____

**Work Phone:** _____

**BLOOD GLUCOSE PREGNANCY RECORD**

**Nurses' Line: (603) 749-5195 Fax: (603) 749-3509 After Hours or Weekends: (603) 742-1143**

☐ **Gestational DM** ☐ **Type 1 DM** ☐ **Type 2 DM**

| Date | Ketones | Fasting | Breakfast | Lunch | | Dinner | | Bedtime | 3 A.M. | Insulin Dose/Comments |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1 Hour After | Before | 1 Hour After | Before | 1 Hour After | | | |
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**Pregnancy Blood Glucose Goals:**

Fasting…….…….60-90 mg/dl

Before Meals…….80-100 mg/dl

1 Hour After Meals…. <140 mg/dl

**Special Instructions:**

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Turn Over

WENTWORTH HEALTH PARTNERS

**Alert**

**Endocrinology & Diabetes Consultants**

**NAME:** _____

**DOB:** _____

**Due Date:** _____

**Home Phone:** _____

**Work Phone:** _____

## BLOOD GLUCOSE PREGNANCY RECORD

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|---|---|---|---|---|---|---|---|---|---|---|
| | | | 1 Hour After | Before | 1 Hour After | Before | 1 Hour After | | | |
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