Sneh Sparsh

Touch of Affection for
People with Diabetes

BLOOD GLUCOSE MONITORING DIARY

CHANGING DIABETES® BAROMETER

1. PATIENT DETAILS

NAME: _____ AGE: _____ SEX: _____

CONTACT No. _____

ACTIVITY LEVEL: SEDENTRY / MODERATE / HEAVY

2. PATIENT HISTORY

DIABETES TYPE I ☐ / II ☐ DM DURATION _____

CVD ☐ HYPERTENSION ☐ CKD ☐ CAD ☐

OTHERS _____ MENTION _____

SMOKING Y ☐ N ☐ ALCOHOL Y ☐ N ☐ TOBACCO Y ☐ N ☐

3. URINE ANALYSIS

PROTIEN _____ U.Micro-ALB _____ DATE _____

4. TFT TEST

T3 _____ T4 _____ T.S.H. _____ DATE _____

5. FUNDUSCOPY

DONE: ☐ DATE _____

FINDINGS VISION R/E L/E

NPDR ☐ PDR ☐

MACULAR EDEMA ☐

SEVERE VISION LOSS ☐

6. Dietitian consultation

DONE: ☐

CONTACT DETAILS

Name: _____

Address: _____

_____

Telephone No.: _____

IMPORTANT CONTACT DETAILS

Name: _____

Address: _____

_____

Relationship to you: _____

Telephone No. _____

HOSPITAL

Name: _____

Contact No.: _____

Address: _____

DOCTOR

Name: _____

Contact No.: _____

DIABETES EDUCATOR

Name: _____

Contact No.: _____

ANTHROPOMETRY

WEIGHT: HEIGHT: BMI:

IBW K/Cal / Day

WAIST: HIP: WHR:

FOOT EXAMINATION

LEFT: RIGHT: DATE:

DM NEUROPATHY: YES NO

Visit - 1					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 2					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 3					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 4					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit -5					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:

GPT: Glycaemic Profile Test. **LFT:** Lipids Profile Test. **RFT:** Renal Function Test

Visit - 6					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 7					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 8					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 9					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 10					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 11					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:
Visit - 12					
1. GPT-->	HbA1c:	FBSL	PPBS	RBSL	Dt:
2. LPT-->	SrTri.	Sr. Chol.	HDL	LDL	Dt:
3. RFT-->	Bl. Ur.	Sr.Cr.	Cr.Cl.		Dt:
BP & Pulse:		ECG ☐	Dt:	D/E:	Dt:

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THINGS TO REMEMBER[1]

Keeping yourself updated with your blood glucose level is helpful.

It helps your health care provider to suggest to you the best fit plan for diabetes management.

How To Test Your Blood Glucose[1]

Whether you test several times a day or only once, following a testing routine will help you prevent infection, return true results, and better monitor your blood sugar. Here's a step-by-step routine you can follow:

1. Wash your hands with warm, soapy water. Then dry them well with a clean towel. If you use an alcohol swab be sure to let the area dry completely before testing.
2. Prepare a clean lancet device by inserting a clean needle. This is a spring-loaded device that holds the needle, and its what you'll use to prick the end of your finger.
3. Wash your hands with warm, soapy water. Then dry them well with a clean towel. If you use an alcohol swab be sure to let the area dry completely before testing.
4. All modern meters have you insert the strip into the meter before you collect blood, so you can add the blood sample to the strip when it's in the meter. With some older meters, you put the blood on the strip first, and then put the strip in the meter.
5. Stick the side of your fingertip with the lancet. Some blood sugar machines allow for testing from different sites on your body, such as your arm. Read your device's manual to make sure you're drawing blood from the correct place.
6. Wipe off the first drop of blood, and then collect a drop of blood on the test strip, making sure you have an adequate amount for a reading. Be careful to let only the blood, not your skin, touch the strip. Residue from food or medication may affect the test's results.
7. Stop the bleeding by holding a clean cotton ball or gauze pad on the area where you used the lancet. Apply pressure until the bleeding has stopped.

Reference: 1. American Diabetes Association Professional Practice Committee; [Introduction and Methodology:Standards of Care in Diabetes—2024.Diabetes Care1 January 2024; 47 (Supplement_1): S1–S4. accessed on April 10, 2024

HOW TO READ THE READING?[1]

After you finish the blood glucose check, write down you're reading and reading and review them to see how your food habit, activity and stress affect your blood glucose. Take a close look at your blood glucose record to see if the level is to high or too low several days in a row at about the same time. In case of consistent fluctuations, it might be time to change your routine. Speak to your doctor or diabetes educator to learn what your result mean. This takes time. Ask your doctor or nurse if you should report result out of certain range at once over a phone call

Keep in the mind that blood glucose results often trigger strong feelings. Blood glucose number can leave you upset, confused, frustrated, angry or down. Its easy to use the number to judge yourself. Remind yourself that your blood glucose level is a way to track how well your diabetes care plan is working. It is not a judgment of you as person. the results may implicate that you need a change in your diabetes plan.

Avoiding Sore Fingertips[1]

Sore ngertips may result from frequent and repetitive testing.
The following recommendations could assist in avoiding this problem:

Reference: 1. American Diabetes Association Professional Practice Committee; [Introduction and Methodology:Standards of Care in Diabetes—2024.Diabetes Care1 January 2024; 47 (Supplement_1): S1–S4. accessed on April 10, 2024

MY RECORD

Date	Fasting	2 hours Post Breakfast	Pre-Lunch	2 hours Post Lunch

MY RECORD

Pre-Dinner	2 hours Post Dinner	2- 3 AM	Insulin units (Or Other Therapy)	Remarks
				

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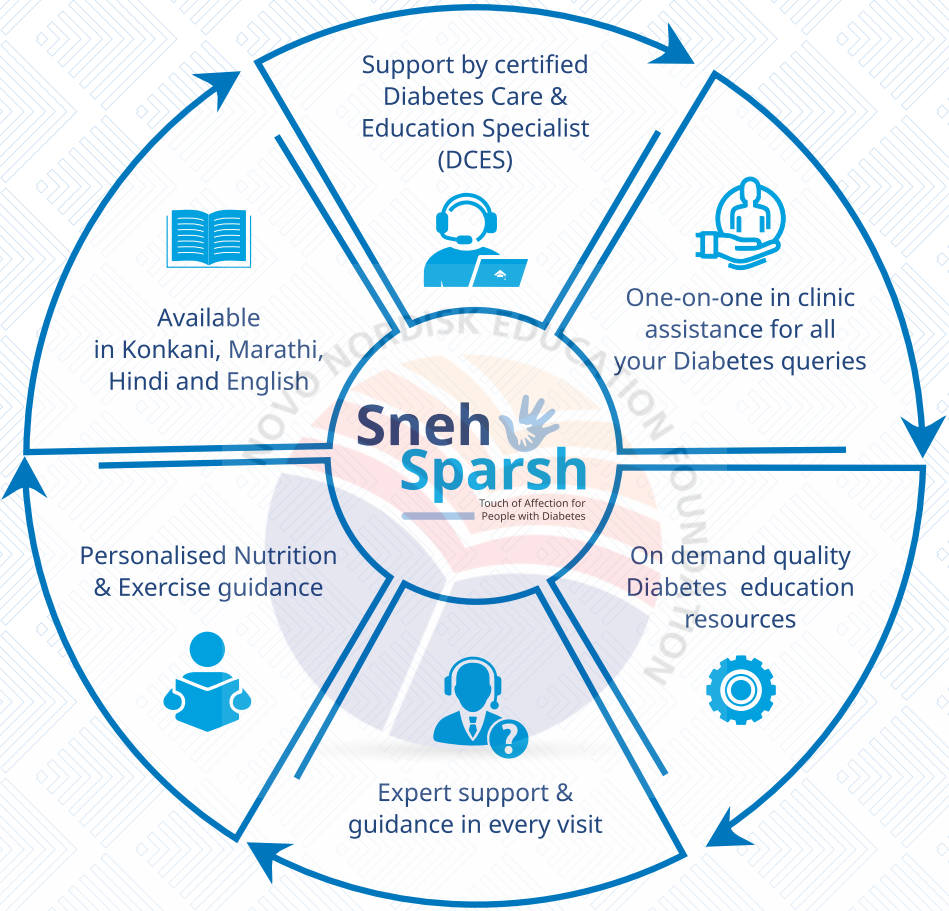

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