

# DAILY PUMP LOG

**PATIENT:** \_\_\_\_\_

**MR:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Date	Midnight		5 am	6 am	7 am	8 am	9 am	10 am	11 am	Noon	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm	
Blood sugar																						
Total Carb (grams)																						
Meal bolus																						
High blood sugar bolus																						
Basal rate																						
Exercise (mins)																						
Ketones																						
Set change																						
Note:																						

Current insulin doses	
Food bolus	
Correction dose	
Basal rates	

**FAX COMPLETED LOG TO: 510-450-5614**

Parent name: \_\_\_\_\_

Phone number: \_\_\_\_\_



**ENDOCRINOLOGY/DIABETES CENTER**

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