MyEndoHealth
Diabetes and Wellness Center

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## GLUCOSE SCALE

Patient Name: _____ DOB: _____

### Insulin Plan

**Long Acting Insulin:**

o Lantus o Toujeo o Basaglar

o Levemir o Tresiba o Soliqua

_____

**Short Acting Insulin:**

o Novolog o Humalog o Fiasp

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## PLEASE ADD TO CURRENT DOSE:

| | |
|---|---|
| IF BLOOD GLUCOSE (mg/DL) | Less than or equal to 120 Add Zero (0) |
| IF BLOOD GLUCOSE (mg/DL) | 121-150 Add + 2Units |
| IF BLOOD GLUCOSE (mg/DL) | 151-180 Add + 3Units |
| IF BLOOD GLUCOSE (mg/DL) | 181-210 Add + 4Units |
| IF BLOOD GLUCOSE (mg/DL) | 211-240 Add + 5Units |
| IF BLOOD GLUCOSE (mg/DL) | 241-270 Add + 6Units |
| IF BLOOD GLUCOSE (mg/DL) | 271-300 Add + 7Units |
| IF BLOOD GLUCOSE (mg/DL) | 301-330 Add + 8Units |
| IF BLOOD GLUCOSE (mg/DL) | 331-360 Add + 9units |
| IF BLOOD GLUCOSE (mg/DL) | 361-400 Add + 10Units |
| CALL PHYSICIAN FOR BLOOD GLUCOSE OVER | 400 mg/dL |

## Blood Sugar Levels Goals

**Fasting Blood Sugar**

**70 - 130 (ideal under 110) mg/dL**

**Two Hours After Meals**

**Under 180 (Ideal is under 140) mg/dL**

**Hemoglobin A1c (HbA1c)**

**Ideal: 4-6%** **Good: 7%** **Okay: 8%** **Poor: 9% or above**