

LTC Diabetes Management Flow Sheet

A	Resident: _____ Date: _____ Diet _____																																									
B	B Medication Management <i>-List oral agents and dose-</i> Oral Agents _____ _____ _____ _____	<i>-List Insulin type and doses-</i> Insulin Basal _____ Prandial _____ B: L: D: HS _____																																								
C	Monitoring <i>-List date and BG values with SSI coverage given to right-</i>																																									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Date:</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>FBS</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>12 N</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>5 PM</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> <tr> <td>HS</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> <td style="text-align: center;">/</td> </tr> </table>		Date:								FBS	/	/	/	/	/	/	/	12 N	/	/	/	/	/	/	/	5 PM	/	/	/	/	/	/	/	HS	/	/	/	/	/	/	/
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HS	/	/	/	/	/	/	/																																			
D	Nursing Observations / Comments: _____ _____																																									
E	Orders: 																																									
	Physician Signature: _____ Date: _____ <div style="display: flex; justify-content: space-between; align-items: center;"> FAX BACK TO FACILITY ➔ <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 40px; margin-left: 20px;"></div> </div>																																									

