## Daily Pump Log

**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:**

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**Current insulin doses**

- Food bolus
- Correction dose
- Basal rates

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

**Parent name:** __________________________

**Phone number:** __________________________