

Insulin Tracking Log for Seniors

Your complete insulin management system



How to Use This Log

1. **Record every injection** - even if you think you'll remember
 2. **Note injection sites** - prevents lipodystrophy (lumpy skin)
 3. **Track patterns** - helps your doctor adjust doses
 4. **Keep with supplies** - make logging a habit
 5. **Bring to appointments** - shows your management history
-



My Medical Information

Name: _____

Date of Birth: _____

Doctor: _____

Phone: _____

Pharmacy: _____

Emergency Contact: _____

My Insulin Types:

Long-Acting (Basal): _____

Usual Dose: _____ units at _____ AM/PM

Fast-Acting (Bolus): _____

Sliding Scale:

- Blood sugar _____ to _____ : _____ units
- Blood sugar _____ to _____ : _____ units
- Blood sugar _____ to _____ : _____ units
- Blood sugar over _____ : _____ units + call doctor

Insulin-to-Carb Ratio: 1 unit per _____ grams

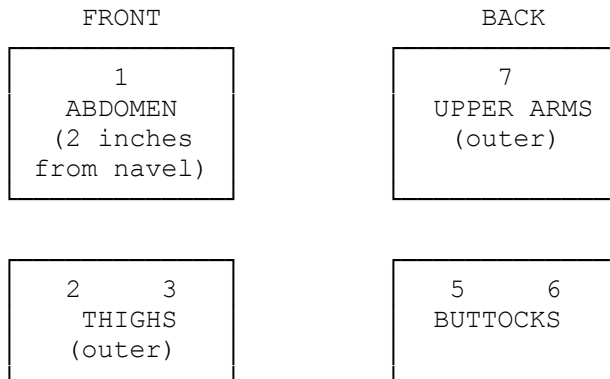


Injection Site Rotation Guide

Why Rotate Sites?

- Prevents scar tissue
- Ensures consistent absorption
- Reduces pain
- Prevents lumps/dents

Rotation Pattern (Use Different Area Each Day):



Site Codes for Log:

- **A** = Abdomen (avoid 2 inches around navel)
- **RT** = Right Thigh (outer part)
- **LT** = Left Thigh (outer part)
- **RB** = Right Buttock
- **LB** = Left Buttock
- **RA** = Right Arm (outer upper)
- **LA** = Left Arm (outer upper)

⚠ Never Inject Into:

- Scars or moles
- Bruised areas
- Lumps or swollen areas
- Within 2 inches of last injection



Low Blood Sugar Action Plan

Symptoms to Watch For:

- [] Shaking or trembling

- ☐ Sweating
- ☐ Confusion
- ☐ Dizziness
- ☐ Hunger
- ☐ Headache
- ☐ Blurred vision
- ☐ Weakness

15-15 Rule:

1. **Check blood sugar** - if below 70 mg/dL
2. **Eat 15 grams** of fast-acting carbs:
 - 3-4 glucose tablets
 - 1/2 cup juice or regular soda
 - 1 tablespoon honey or sugar
 - 6-7 hard candies
3. **Wait 15 minutes**
4. **Recheck blood sugar**
5. **Repeat if still below 70**
6. **Eat a snack** once normalized

Emergency Kit Contents:

- ☐ Glucose tablets
- ☐ Juice boxes
- ☐ Hard candy
- ☐ Glucagon kit
- ☐ Medical ID bracelet
- ☐ Emergency contacts card



Daily Insulin Log

Date: // ____ **Day:** _____

Morning

Blood Sugar: _____ mg/dL at _____ AM

Long-Acting Insulin:

- Type: _____
- Dose: _____ units
- Time: _____ AM

- Site: _____ (use code)

Fast-Acting Insulin (if needed):

- Dose: _____ units
- Time: _____ AM
- Site: _____ (use code)
- Reason: [] High BG [] Meal (____g carbs)

Breakfast Notes: _____

Midday

Blood Sugar: _____ mg/dL at _____ PM

Fast-Acting Insulin (if needed):

- Dose: _____ units
- Time: _____ PM
- Site: _____ (use code)
- Reason: [] High BG [] Meal (____g carbs)

Lunch Notes: _____

Evening

Blood Sugar: _____ mg/dL at _____ PM

Fast-Acting Insulin (if needed):

- Dose: _____ units
- Time: _____ PM
- Site: _____ (use code)
- Reason: [] High BG [] Meal (____g carbs)

Dinner Notes: _____

Bedtime

Blood Sugar: _____ mg/dL at _____ PM

Long-Acting Insulin (if using PM dose):

- Type: _____
- Dose: _____ units
- Time: _____ PM

- Site: _____ (use code)

Bedtime Snack: ☐ Yes ☐ No

Daily Summary:

Total Insulin Used: _____ units

Low Blood Sugars: ☐ None ☐ # of episodes: _____

High Blood Sugars: ☐ None ☐ # over 250: _____

Today I Felt: ☐ Great ☐ Good ☐ OK ☐ Tired ☐ Unwell

Exercise Today: ☐ Yes - Type: _____ ☐ No

Unusual Stress: ☐ Yes - Note: _____ ☐ No

Sick Today: ☐ Yes ☐ No

Notes for Doctor: _____



Weekly Summary Page

Week of: //__ to //__

Insulin Totals:

- **Long-Acting:** _____ units/week
- **Fast-Acting:** _____ units/week
- **Daily Average:** _____ units

Blood Sugar Patterns:

Morning Averages: _____ mg/dL

Before Lunch: _____ mg/dL

Before Dinner: _____ mg/dL

Bedtime: _____ mg/dL

Episodes This Week:

Lows (<70): _____ times

Highs (>250): _____ times

Site Rotation Check:

- ☐ Used all 7 areas
- ☐ No site used more than once
- ☐ No irritation/lumps noted

Questions for Doctor:

1. _____
 2. _____
 3. _____
-



Troubleshooting Guide

Blood Sugar Too High?

Check:

- Did insulin expire?
- Was dose correct?
- Injection site problem?
- Getting sick?
- Extra stress?
- Forgot to take?

Blood Sugar Too Low?

Check:

- Too much insulin?
- Missed meal?
- Extra exercise?
- Alcohol?
- Hot shower/bath after injection?

Injection Problems:

Bruising: Use new needle each time

Leaking: Count to 10 before removing needle

Pain: Rotate sites, room temperature insulin

Lumps: Avoid area until healed



Monthly Doctor Visit Prep

Bring to Appointment:

- ☐ This log book
- ☐ Glucose meter
- ☐ List of all medications
- ☐ Questions written down

Information to Share:

- Average blood sugars
 - Number of low episodes
 - Any pattern noticed
 - Injection site concerns
 - Life changes affecting control
-

Important Reminders

Insulin Storage:

- **In use:** Room temperature up to 28 days
- **Unopened:** Refrigerator (not freezer)
- **Never:** In direct sunlight or hot car
- **Discard if:** Cloudy, clumped, or discolored

Needle Safety:

- New needle every injection
- Never share needles
- Dispose in sharps container
- Keep out of regular trash

Travel Tips:

- Carry insulin in carry-on
 - Bring doctor's letter
 - Pack extra supplies
 - Keep insulin cool
 - Adjust for time zones
-

Emergency Information

Endocrinologist: _____

Phone: _____

Primary Doctor: _____

Phone: _____

Pharmacy: _____

Phone: _____

Emergency Contact: _____

Phone: _____

Insurance: _____

Member ID: _____

In Emergency, I Take:



Quick Reference Card (Cut Out)

My Insulin Routine

- Long-Acting: _____ units at _____
- Meal Insulin: _____ units per _____ carbs
- Correction: 1 unit lowers BG by _____

Low Blood Sugar Treatment If below 70: Take 15g carbs, wait 15 min, recheck

Emergency Contact: _____ **Doctor:** _____

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Log # ____ **of 90 Days** | **Start Date:** // ____ | **End Date:** // ____