Blood glucose testing

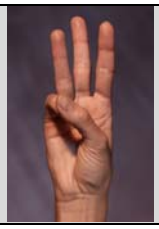
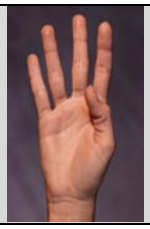
See attached recording sheet below

Important to test at the right times…see bottom left corner of recording sheet

- Test 4 times per day. Test BEFORE breakfast and 2hrs AFTER each meal.
- Time the 2 hours from when you START eating and THEN have your snack
- For example, if you start eating breakfast at 7.30am do your test at 9.30am

Disposal of prickers
Put in hard plastic container – e.g. laundry detergent bottle, dishwasher detergent bottle, honey jar, marmite jar (not milk bottle). When baby is born place container in the rubbish.

Tips for gentle blood sampling
You can use the same needle in your pricker for 3 or 4 days. (NO NEED TO CHANGE AFTER EVERY TEST)

			
Ensure your hands are **clean** and **dry**	Prick on the **side of the fingertip** instead of the pad	**Select a depth** as shallow as possible that still produces blood	Ensure you alternate fingers **daily**

These steps have been taken from the ACCU-Chek Multiclix – Your step-by-step guide

CC5281
03/09

Auckland District Health Board
Park Road, Auckland, Telephone 0-9-379 7440

Prescription Form

Circle one from each line

Y J A O
1 3 4
Z *(Circle if patient has High Use Health Card)*
NS

Doctor's Name (PLEASE PRINT)

NZMC Reg. No.

Pager Number

Pharmacy use only

Item Count | Subsidy Card

☐ Auckland Hospital
☐ Greenlane Clinical Centre
☐ Other _____ Please specify

NHI Number

Date of Birth *If patient under 13* / /

Name of Patient
MR MASTER MRS MISS MS *(Circle one)*

Full Residential Address of Patient

SAMPLE PRESCRIPTION

Pharmacy Stamp

	Period Quantity	Disp.	Dispensing Date	Pharmacist Initials
℞ Care Sens N blood glucose meter	1	1st		
		2nd		
		3rd		
℞ newly diagnosed GDM		1st		
		2nd		
Care SensN Test Strips		3rd		
℞ **6 tests per day** **3/12**		1st		
		2nd		
(sign here)		3rd		
℞		1st		
		2nd		
		3rd		

Certified Extended Supply:

774137

Signature of Prescriber / / *Date*

Before breakfast aim for 4.0 - 5.0 mmol/L (average less than 5.0 mmol/L)
After meals (2 hours from start of eating) aim for 4.5 - 6.5 mmol/L (average less than 6.0 mmol/L)

DATE	INSULIN INJECTIONS					MONITORING BLOOD								REMARKS
	Units Given					Breakfast		Lunch		Dinner				
	type of insulin	pre b'fast	pre lunch	pre dinner	before bed	before	after	before	after	before	after	before bed	over night	

WHEN YOU COME INTO HOSPITAL PLEASE BRING IN ALL TESTING EQUIPMENT AND YOUR RECORD BOOK. IF YOU ARE ON INSULIN PLEASE BRING ALL YOUR INSULIN AND PENS.

PATIENT LABEL

1. **TEST** BEFORE BREAKFAST
2. 2 HOURS AFTER BREAKFAST FROM START OF EATING
3. 2 HOURS AFTER LUNCH FROM START OF EATING
4. 2 HOURS AFTER EVENING MEAL FROM START OF EATING

DIABETES CLINIC HOURS 8AM TO 4PM
MONDAY TO FRIDAY
PH: 307 4949
FAX: 307 4918

PLEASE PHONE YOUR DIABETES MIDWIFE _____ **EXT:** _____

OR EMAIL _____ **AT LEASE ONCE WEEKLY WITH YOUR RESULTS**