North of England Commissioning Support Unit

Good Practice Guidance for Care Homes

Blood Sugar Tracker Chart

When using this chart, write 'see Blood Sugar Tracker Chart' on main MAR.
DO NOT DOUBLE RECORD.
Start a chart as a new batch of testing strips is opened.

Patient Name:		**Date of Birth:**		**Room No:**	
Product Name:		**Batch Number:**		**Opening date:**	
Testing Regime:		**Target Range:**			
Chart written by/date:		**Chart checked by/date:**			

Date	Time	Blood Sugar result	Time of last meal	Signature