Sandra’s Nursing Services L.L.C.

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Germantown, MD 20876

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**BLOOD GLUCOSE RECORD**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Date | Time | Blood Glucose (B/S Reading) | Medication Needed (Yes or No) | Print Staff’s Name | State Name of PCP or Nurse Notified |
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Delegating RN’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_