

Participant ID				

Initials		



## DKA Events Log

EVENT NO.	DATE OF DKA EVENT	HIGHEST GLUCOSE LEVEL RECORDED	HIGHEST KETONE LEVEL RECORDED	BLOOD pH (if measured)	BICARBONATE (If measured)	SYMPTOMS	OTHER SYMPTOMS	ASSISTANCE OR HOSPITALISATION REQUIRED
	DD/MM/YYYY	(mmol/L)	(mmol/L)		(mmol/L)	1. Feeling thirsty 2. Increased urine frequency 3. Abdominal pain, nausea or vomiting 4. Diarrhoea 5. Increased breathing effort 6. Ketotic breath 7. Feeling tired, sleepy or confused 8. Blurred vision 9. Other	Provide details	Y/N
1								
2								
3								
4								
5								
6								
7								