**Insulinas mezclas en 2 o 3 dosis diarias.**

| **Fecha** | **Desayuno** | | **Comida** | | **Cena** | |
| --- | --- | --- | --- | --- | --- | --- |
| Antes | 2 horas después | Antes | 2 horas después | Antes | 2 horas después |
| **Lunes** | X |  |  | X |  |  |
| **Martes** |  | X |  |  | X |  |
| **Miércoles** |  |  | X |  |  | X |
| **Jueves** | X |  |  | X |  |  |
| **Viernes** |  | X |  |  | X |  |
| **Sábado** |  |  | X |  |  | X |
| **Domingo** | X |  |  | X |  |  |