

Insulin Administration Chart

Student Name _____ DOB _____ School year _____

Parent(s) _____ Phone number(s) _____

Type of Delivery Device (circle one: insulin syringe, insulin pen, insulin pump)

Type of Insulin _____

Medical Orders (per DMMP)

Signatures to Initials of each individual administering:

<u>Date</u>	<u>Time</u>	<u>Glucometer Reading</u>	<u>Carbo-hydrate Intake</u>	<u>Insulin Dose Administ ered</u>	<u>Additional Notes</u>	<u>Initials</u>

The calculated carbohydrate intake for the meal eaten is to be used in calculating the insulin dose, per the child's Medical Order. If the child's Medical Order does not include a formula for determining insulin to be given based on carbohydrate intake, enter "N/A" in the spaces following "Carbohydrate Intake"

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