**Insulin Injection & Medication Administration Addendum**

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| **Insulin to be given for:** | | | | (lunch, snack, etc) | | | | |
| **Student:** |  | | DOB: |  | School: |  | Grade: |  |
| **Physician/Provider:** | |  | | | Phone: |  | | |
| **Diabetes Educator:** | |  | | | Phone: |  | | |

**Insulin & Oral Medications:**

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| **Oral Medication:** | | mg *by mouth* | | Time: |  |  |  |
| **NPH Insulin** | Dose:       units SQ | Time: | *Rotate site* | | |  |  |

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| **Rapid Acting/Short Acting) Insulin Type:** | | | | | | | | |
| **Blood Glucose Correction and Dosing using Rapid Acting Insulin** | | | | | | | | |
| Injection site: Abdomen Arm Buttock Thigh | | | | | | *Injections should be given subcutaneously & rotated* | | |
| **Lunchtime Correction:** Give Prior to lunch Split ½ before lunch & ½ after lunch  Immediately after lunch Other : | | | | | | | | |
| **Sensitivity/Correction Factor:** | | unit insulin | | for every mg/dl above target BG range starting at | | | | |
| Blood Glucose Range: | **mg/dl to** | | **mg/dl** | | Administer: | | **units** | Check ketones |
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| Parent/guardian authorized to increase or decrease sliding scale +/- 2 units of insulin *per Guidelines for Insulin Management\** | | | | | | | | |
| **When hyperglycemia occurs other than at lunchtime:**  If it has been greater than **3 hours** since the last dose of insulin, the student may be given insulin via injection using the indicated correction factor on the provider orders **if approved by the school nurse and parent is notified.**  Notify School Nurse, Parents (who may come and give insulin) or School Nurse will **cont**act Health Care Provider for One-time order as needed.  Other: | | | | | | | | |
| **NOTE: Insulin Pen/Vial expires 28 days after it is opened and use is began** | | | | | | | | |

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| **Carbohydrates and Insulin Dosage:  Breakfast Snack Lunch Other:** | | | | | | |
| **Insulin to Carbohydrate Ratio:** | | **unit(s)** | | for every **grams** of carbohydrate to be eaten | | |
| Parent/guardian authorized to increase or decrease insulin to carb ratio 1 unit +/- 5 grams of carbohydrates | | | | | | |
| Carb gm | Administer units | |  | | Carb gm | Administer units |
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| Comments: | | | | | *\*Per Guidelines for Insulin Management (FEB 2013): Adjustments should not exceed three times per week for correcting BGs below target range, & not exceed two times per week for correcting BGs above the target range.* | |

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| **Parent Signature:** |  | Date: |  |
| **School Nurse Signature:** |  | Date: |  |