**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: |       |

Device: Pen:\_\_\_\_\_\_\_\_ Syringe and Vial:\_\_\_\_\_\_\_\_ In Pen:\_\_\_\_\_\_\_\_\_\_

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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  **[ ]** 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**  | **Treat mg/dl** | Administer | **0 units** | **[ ]** Check ketones |
| Blood Glucose Range: | **70 mg/dl to**  | **mg/dl** | Administer | **0 units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| Blood Glucose Range: | **mg/dl to**  | **mg/dl** | Administer | **units** | **[ ]** Check ketones |
| **[ ]** Parent/guardian authorized to increase or decrease sliding scale +/- 2 units of insulin *if noted on DMMP. If ongoing changes to the insulin dosing is a total of +/- 3 units per dose outside the current orders on file, new orders/DMMP are needed to reflect these changes. Per Standards of Care* |
| **When hyperglycemia occurs other than at lunchtime:** **[ ]**  If it has been greater than **3 hours** since the last dose of insulin, **Contact School Nurse** and refer to **Standards of Care section: Hyperglycemia**.Other:       |
| **NOTE: Insulin Pen/Vial expires 28 days after it is opened or pierced.** |

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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 |
| Carb gm  | Administer units |  | Carb gm  | Administer units |
| Carb gm  | Administer units |  | Carb gm  | Administer units |
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| Carb gm  | Administer units |  | Carb gm  | Administer units |
| Carb gm  | Administer units |  | Carb gm  | Administer units |
| Comments:  | *\*Per Standards of Care): 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: |       |
| **2nd RN review:** |       | Date: |       |