**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 |
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| 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 |
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| 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: |  |