

ONE TIME ORDER FOR BLOOD SUGAR CORRECTION
FOR STUDENT ON INSULIN PUMP THERAPY
VERBAL * OR FAX

*Only a registered nurse (RN) may take a telephone order over the phone from a healthcare provider.

Student: _____

DOB: _____

School: _____

Date: _____ Time: _____

RN requesting order: _____ Tel#: _____ Fax#: _____

High Blood Sugar Correction for:

Blood Sugar: _____

Carbs eaten: _____

Insulin type: _____

Units of insulin needed: _____

Healthcare Provider signature: _____

Date: _____ Time: _____ Received order with read back _____
RN signature