Insulin Injection & Medication Administration Addendum

Insulin to be given for: (lunch, snack, etc)

Student:		DOB:		School:		Grade:	
Physician/Provider:				Phone:			
Diabetes Educator:				Phone:			

Insulin & Oral Medications:

☐ **Oral Medication:** _____	_____mg *by mouth* Time: _____
☐ **NPH Insulin**	Dose: _____units SQ Time: _____ *Rotate site*

☐**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					

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
Carb _____ gm	Administer _____ units		Carb _____ gm	Administer _____ units
Carb _____ gm	Administer _____ units		Carb _____ gm	Administer _____ units
Carb _____ gm	Administer _____ units		Carb _____ gm	Administer _____ units
Carb _____ gm	Administer _____ units		Carb _____ gm	Administer _____ units
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.*	

Parent Signature:		Date:
School Nurse Signature:		Date: