The Villages Charter School Insulin Log

Student's Full Name Diagnosis						Date of Birth		School	School			
						Allergies						
Date of Medication Order Type of Insulin						Insulin Order Blood Sugar Target (mg/dl)						
Correct	ion Facto	r/Insulin Se	nsitivity: 1 Unit c	of Insulin for ever	ry	that blood su	ugar is above or	below target range	permitted by physician	order to	mg/dl	
Carboh	ydrate (C	arb) Ratio: 1	Unit of Insulin fo	or everygrams	of carbohyd	rates eaten ra	ange permitted	by physician order	mg/dl to	g/dl		
Diabetes Health Care Provider								Phone Numb	Phone Number Fax Number			
Parent/	Guardian	Name 1			Phor	ле #1 □ ном	E WORK MOB	ILE Phone #2 🔲 H	OME WORK MOBILE			
Date	Time	Blood Sugar	Correction Factor Used Y/N	# of Units of Insulin for Correction	# of Grams of Carbs Eaten	Carb Ratio Used Y/N	# of Units of Insulin for Carbs Eaten	Total # of Units of Insulin for Administration	Parent Notification: Name, Date, & Time	Notes	Signature/Title	

5 minutes of scheduled nursing time for each step of procedure (Glucose monitoring, Calculations, Injections) unless otherwise noted.