

Diabetes Individual Health Plan (IHP) Insulin Dosing Guidelines

Date: _____

Name of Student: _____ will need insulin/ medication at school. Type 1 Diabetes Type 2 Diabetes

Give Insulin: Before Meal (eat within 5 minutes) **or** After Meal (give dose 10 minutes after finishing meal)

Breakfast Lunch Snack other _____

Insulin to be given by: Approved school personnel **or** The student **or** The parent
Student may self administer & self dose insulin with supervision no supervision

Insulin Delivery Device: Insulin Pen Syringe/vial Pre-filled syringe Pump

Insulin: Humalog Novolog Other **Must replace insulin every 28 days after opening new cartridge or vial*

See Attached Dosing Chart/Grid

Flexible Insulin Dosage at mealtime: * **Total Dosage of Insulin** = Insulin for food plus (+) Correction of blood glucose

Insulin for Food:

_____ unit for
1 carb serving

1 unit for _____ grams
of carbohydrate

Insulin for Correction

Insulin Correction scale

Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units
Blood glucose from _____ to _____ = _____ units

OR
→

Calculated correction dose:

Blood Glucose (BG) _____
Target number (TN) _____
Correction factor (CF) _____
BG _____ minus (-) **TN** _____ divide
(÷) **CF** _____ = Correction dose of
insulin.
*(Add this to the food dose)

Extra Insulin for Correction:

Not applicable Applicable:



- Use Insulin Correction dose scale
- Use Calculated Correction Dose
- Use first column on Dose Chart/Grid

Criteria for Extra Insulin:

- Extra insulin is given if it has been more than 2 hours since last shot was given and it is not a meal
- Blood Glucose level over _____
- BG must be checked in 2 hours after correction dose is given
- Extra insulin dose is given
- Do not exceed 2 extra doses of insulin in one school day
- Notify parents when extra doses are given at school

Pump: Dosing per pump calculator

Other Medications given at school:

Name: _____

Amount: _____

Route: _____

Time: _____

MD/PNP Signature: _____

Date: _____

