



## Insulin Dose Worksheet

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

\_\_\_\_\_ Humalog \_\_\_\_\_ Novolog  
Current Unit per Carbohydrate Dose:

Breakfast: \_\_\_\_\_ unit for \_\_\_\_\_ carbs / carbohydrates

Lunch: \_\_\_\_\_ unit for \_\_\_\_\_ carbs / carbohydrates

Dinner: \_\_\_\_\_ unit for \_\_\_\_\_ carbs / carbohydrates

Can your child give their own insulin injection? Yes No

Do they need supervision? Yes No

Do they dose before or after lunch? Yes No

Do they eat meals other than lunch at school? Yes No - if yes what meal \_\_\_\_\_

Correction:

\_\_\_\_\_ unit to lower Blood Glucose \_\_\_\_\_ points

If your child has a low blood sugar at meal time do you decrease your insulin scale?

No Yes → \_\_\_\_\_ units

Do you administer extra correction out side of meal time? Yes No → starting at what Blood Glucose level

Target Range for Blood Glucose: \_\_\_\_\_ to \_\_\_\_\_

Target Blood Glucose: \_\_\_\_\_

If you dose your insulin using a chart, please include a copy of the current chart you are using.