Children's Hospital of Wisconsin
A member of Children's Hospital and Health System

Diabetes Individual Health Plan (IHP) Insulin & Medication Dosing Guidelines

Name of Student:_____ will need ☐ insulin / ☐ medication at school.

Give Insulin: ☐ Before Meal (eat within 5 minutes) **or** ☐ After Meal (give within 10 minutes after finishing meal)
☐ Breakfast ☐ Lunch ☐ Snack ☐ Dinner

Insulin to be given by: ☐ Approved school personnel **or** ☐ The student **or** ☐ The parent

Student may self administer and self dose insulin with: ☐ No supervision ☐ Supervision

Student requires supervision with: ☐ Dose Calculation ☐ Carb Counting ☐ Site Rotation

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

Insulin: ☐ Humalog ☐ Novolog ☐ Other

☐ **See Attached Dosing Chart/Grid** ☐ **Dosing per pump calculator**

☐ **Flexible Insulin Dosage at mealtime:** ***Must replace insulin every 28 days after opening cartridge or vial***

*** Total Dosage of Insulin = Insulin for food plus Correction dose**

Insulin for Food: ☐ _____ Unit for _____ Carb Serving **or** ☐ 1 unit for _____ grams of carbohydrate

Correction Dose

☐ **Calculated Correction dose:**

_____ - _____ ÷ _____ = * _____ **OR**
Blood Glucose | Target Number | Correction factor | Correction dose

*add this to the dose for food

Rounding Rules for 1/2 units
0.1 - 0.3 round down to whole unit
0.4 - 0.7 round to 1/2 unit
0.8 - 0.9 round up to whole unit
Rounding Rules for whole units
0.1 - 0.4 round down to whole unit
0.5 - 0.9 round up to whole unit

☐ **Insulin Correction Scale**

**add the correction to the food dose for total dose*

Blood Sugar less than _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units

Extra Insulin Dosages

**** only use at non-meal times***

☐ Not applicable ☐ Applicable:
- ☐ Use first column of dose chart
- ☐ Use Insulin Correction Scale
- ☐ Use Calculated Correction Dose
- ☐ Per pump calculator

Criteria for Extra Insulin - Correction Dose:

- Extra insulin is given if it has been more than 2 hours and Blood sugar is over _____ mg/dL
- Blood sugar must be checked 2 hours after correction (shot) is given
- Do not exceed 2 extra dosages of insulin in one school day
- Always notify parents if extra dosages are given at school

☐ **Fixed Carb Servings and Correction Dosage at mealtime:** ***Must replace insulin every 28 days after opening cartridge or vial***

Blood Sugar less than _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units
Blood Sugar from _____ to _____ = _____ units

☐ Insulin per sliding scale based on _____ grams of carbohydrate

☐ Insulin per sliding scale based on _____ carb servings (15grams/carb)

☐ **Other Medications given at school for Diabetes Management:**

Name:	Amount:	Route:	Time:

MD/PNP Signature:_____ **Date:**_____ **Time (Required):**_____

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