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

PATIENT LABEL

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 ☐ 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** ☐ **Dosing per pump calculator**

☐ Flexible Insulin Dosage at mealtime:

*** 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

☐ **Use the Rounding Rule if checked**
Rounding Rule for ½ units
0.1 - 0.3 round down to whole unit
0.4 - 0.7 round to ½ unit
0.8 - 0.9 round up to whole unit
Rounding Rule for whole unit
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 Insulin Correction scale
☐ Use Calculated Correction dose

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 dosage are given at school

☐ Fixed Carb Servings and Correction Dosage at mealtime:

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. (15gms/carb)

☐ Other Medications given at school for Diabetes Management:

Name:	Amount:	Route:	Time:

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

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