Medication Insulin Plan Addendum

Student: **DOB:** **Grade/Teacher:**

Insulin Delivery Device:
⬜Syringe ⬜Insulin Pen ⬜Insulin Pump

Rapid Acting/ Short Acting Insulin Type:_____
When to Administer insulin:
Breakfast- Administer**:** ⬜**Prior to lunch** ⬜**Immediately after lunch** ⬜**1/2 way through lunch** ⬜**Other**
⬜Carbohydrate coverage only
⬜Carbohydrate coverage plus correction dosing when blood glucose is greater than_____mg/dl and _____hours since last insulin dose
⬜Student will eat Breakfast at home
⬜Other:_____

Lunch- Administer: ⬜**Prior to lunch** ⬜**Immediately after lunch** ⬜**1/2 way through lunch** ⬜**Other**
⬜Carbohydrate coverage only
⬜Carbohydrate coverage plus correction dosing when blood glucose is greater than_____mg/dl and _____hours since last insulin dose
⬜Student will bring packed lunch with carbohydrate count included
⬜Student will eat hot lunch and we will calculate carbohydrate counts
⬜Other:_____

Snack- Administer: ⬜**Prior to lunch** ⬜**Immediately after lunch** ⬜**1/2 way through lunch** ⬜**Other**
⬜Carbohydrate coverage only
⬜Carbohydrate coverage plus correction dosing when blood glucose is greater than_____mg/dl and _____hours since last insulin dose
⬜Student will bring packed snack with carbohydrate count included
⬜Student will bring low carb/ No carb snack: No carbohydrate correction will be needed
⬜Other:_____

Carbohydrate Coverage:
Insulin-to-carbohydrate ratio:

- **Breakfast**: 1 unit of insulin per_____grams of carbohydrate
- **Lunch**: 1 unit of insulin per _____grams of carbohydrate
- **Snack**: 1 unit of insulin per _____grams of carbohydrate

Carbohydrate Dose Calculation Example
Total Grams of Carbohydrate to be eaten / **Insulin-to-carbohydrate Ratio** **=** **_____Units of Insulin**

Correction Dose:

- **Blood Glucose correction factor (Insulin sensitivity factor)= _____**
- **Target Blood Glucose=_____mg/dl**

Correction Dose Calculation Example
Current Blood Glucose - Target Blood Glucose = _____ (Amount to Correct) **Amount to Correct** / **Correction Factor = _____units of Insulin**

*** When hyperglycemia occurs other than at lunchtime:**
⬜**Correct if it has been 3 hrs since last correction**
⬜ **Other**_____

Parent:_____ Date:_____
Health Aide:_____ Date:_____
Nurse/District Nurse:_____ Date:_____