



INSULIN THERAPY / CORRECTION & BASE DOSAGES

Date of plan: ____ / ____ / ____

This plan is valid for the current school year: ____ 20 ____ - 20 ____

STUDENT INFORMATION

Name: _____

DOB

/ /

Grade

Teacher

INSULIN CORRECTION SCALE

Name of Insulin _____

BG < ____ mg/dL - ____ units

BG ____ to ____ mg/dL - ____ units

BG ____ to ____ mg/dL - ____ units

BG ____ to ____ mg/dL 0 (goal)

BG ____ to ____ mg/dL + ____ units

BG ____ to ____ mg/dL + ____ units

BG ____ to ____ mg/dL + ____ units

BG > ____ mg/dL + ____ units

Ketones moderate or large + ____ units

List times to use correction scale:

parent signature

date

INSULIN BASE DOSE

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

____ Units of insulin given _____ daily @ _____

parent signature

date

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

____ Units of insulin given _____ daily @ _____

parent signature

date

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

____ Units of insulin given _____ daily @ _____

parent signature

date

Name of insulin: _____

____ Units of insulin given pre-breakfast daily @ _____

____ Units of insulin given pre-lunch daily @ _____

____ Units of insulin given pre-snack daily @ _____

____ Units of insulin given _____ daily @ _____

parent signature

date