

## **INSULIN THERAPY / CORRECTION & BASE DOSAGES**

Date of plan:/					This plan is valid for the current school year: 20 - 20						
STUD	ENT INFORMATIO	N									
Name:				DOB	1	/	Grade	Teacher			
INSU	LIN CORRECTION	SCALE									
Name	of Insulin					List tim	es to use corr	rection scale:			
	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				anatura				
BG	to	mg/dL +	units			parent siç	gnature				
	BG >	mg/dL +	units			date		_			
	Ketones moderat	e or large +	units								
INSU	LIN BASE DOSE										
Name o	of insulin:										
	Units of insulin given p				_						
	 Units of insulin given p					parent sig	gnature				
	Units of insulin given pre-snack daily @					date		_			
	_ Units of insulin given _										
	of insulin:										
	Units of insulin given pre-breakfast daily @ Units of insulin given pre-lunch daily @					parent sig	gnature				
								_			
	Units of insulin given p					date					
	_ Units of insulin given _	dally @	!								
Name o	of insulin:										
	Units of insulin given p	re-breakfast daily @			_	parent sig					
	Units of insulin given p	re-lunch daily @				parent sig	gnature				
	Units of insulin given p	re-snack daily @			_	date		_			
	_ Units of insulin given _	daily @									
Name o	of insulin:										
	Units of insulin given p										
	Units of insulin given pre-lunch daily @					parent sig	gnature				
	Units of insulin given p					date		_			
	Units of insulin given	, _			_	uale					