RECORD OF INSULIN ADMINISTERED VIA INSULIN PUMP

(Supervised/Administered by staff – Delete as appropriate)



Pupil's name: _____

School _____

Name of Medication _____

DATE	TIME	SENSOR GLUCOSE (S) OR BLOOD GLUCOSE (BG)	BLOOD KETONE RESULT (If BG > 14)	CARBOHYDRATE (GRAMS) If meal or snack	INSULIN DOSE VIA PUMP (units)	COMMENTS	STAFF NAME	SIGNATURE

Print up to date versions of this form - www.nhshighland.scot.nhs.uk/schools Paediatric Diabetes Specialist Nurse, NHS Highland

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