

# 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

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