

Insulin Dose Order for Nurse-Assisted Insulin Administration in Kentucky Schools

To be completed by parent/guardian:

Date: _____

Student Name: _____ Date of Birth: _____

School Name and Location: _____

School Nurse: _____

School Phone Number: (____) _____ School Fax Number: (____) _____

Type of insulin: insulin lispro (Humalog®) insulin aspart (Novolog®)

Insulin dose:

- Carb ratio for food: 1 unit for _____ grams of carbohydrates
- Correction target BG: _____ mg/dL
- Correction factor: 1 unit for every _____ mg/dL above correction target
- Other: _____

Parent/Guardian Signature

Parent/Guardian Phone Number

XX

To be completed by CCHMC:

Signature: _____ Date: _____

- Mandi Barcikowski, CNP, Doris Belnome, CNP, Sureka Bollepalli, M.D.,
- Nancy Crimmins, M.D., Lawrence Dolan, M.D., Deborah Elder, M.D.,
- Iris Gutmark-Little, M.D., Shannon Haury, CNP, Patty Montgomery, CNP,
- Anne-Marie Kaulfers, M.D., David Klein, M.D., Ph.D., Sarah Lawson, M.D.,
- Nancy Morwessel, CNP, Chris Osborn, CNP, Jennifer Price, CNP,
- Erica Reynolds, M.D., Susan Rose, M.D., Meilan Rutter, M.D.,
- Amy Shah, M.D., Stephanie Sisley, M.D. Peggy Stenger, D.O.,
- Debbie Standiford, CNP, Karishma Tilton, CNP

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