## Cincinnati Children's Diabetes Center Insulin Dose Verification for a Student with Diabetes

Parent/guardian to complete inform			
Student Name:		Date of Birth:	School Year:
School Name and Address:			Grade:
School Nurse/Personnel:			
chool Phone: School Fax:			
<b>Insulin</b> : ☐ Insulin lispro (Humalog® of	or Admelog®)	aspart (Novolog®)	☐ Insulin glulisine (Apidra®
Insulin Administration: Syringe	/Vial	☐ Insulin Pum	p
Insulin dose:			
Carbohydrate ratio for breakformula	ast: 1 unit for arai	ms of carbohydrate	es
☐ Carbohydrate ratio for lunch:	_	· ·	
		1 carbonyarates	
Correction target glucose:	•		
Correction factor: 1 unit for e	· ·		
Fixed Meal Insulin Dosing: Breakfastunits Lunch units Snack units			
Other:			
		()	
Parent/Guardian Name (please print)	Date	Parent/Guardia	in Phone Number
Parent/Cuardian Signature		nation by Barant/Cus	ardian for Dose Changes
Parent/Guardian Signature	or large industry	alion by Fareni/Gua	Idian for Dose Changes
Attention School Personnel: Fax fo	orm to the CCHMC Diabe	tes Center for pro	ovider approval of doses
above.		100 CO.II.O. 10. p. C	riae. approva. er acce
	<del></del>		
Provider's Signature	Date		
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Cincinnati Children's Hospital Diabete  Shivani Bhatt, APRN-CNP	☐ Jonathan Howell, MD	□ Nat N	asomyont, MD
Ryan Brady, MD	Audrey Hull, MD		Noh, APRN-CNP
Sarah Corathers, MD	Swati John, MD	<u>—</u>	Osborn, APRN-CNP
Lisa Corker, MD	☐ Nana-Hawa Yayah Jone		Rachal, MD
Nancy Crimmins, MD	☐ Jennifer Kelly, APRN-C		ntha Roberge, MD
Hailee Delsart, MD	☐ Oneza Kothawala, MD		Schaaf, APRN-CNP
Lily Deng, MD	☐ Mansa Krishnamurthy, I		e Segev, MD
☐ Lawrence Dolan, MD	Sarah Lawson, MD		Bhah, MD
☐ Chineze Ebo, MD	Bella London, MD	<u> </u>	Sheanon, MD
☐ Deborah Elder, MD	☐ Bhavapriya Mani, MD		Swauger, MD
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<ul><li>☐ Janise Felblinger, APRN-CNP</li><li>☐ Karli Heiskell, APRN-CNP</li></ul>	☐ Chelsea Murphy, MD☐ Gajanthan Muthuvel, M		an Tellez, APRN-CNP nma Tilton, APRN-CNP

Cincinnati Children's Diabetes Center 3333 Burnet Ave, Cincinnati, OH 45229-3039

Phone: (513) 636-3005 Fax: (513) 636-9677