

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

Parent/guardian to complete information below: Student Name: Date of Birth: School Year: School Name and Address: Grade: School Nurse/Personnel: School Phone: School Fax: **Insulin:** ☐ Insulin lispro (Humalog® or Admelog®) ☐ Insulin aspart (Novolog®) ☐ Insulin glulisine (Apidra®) **Insulin Administration:** Syringe/Vial ☐ Insulin Pen Insulin Pump Insulin dose: ☐ Carbohydrate ratio for breakfast: 1 unit for grams of carbohydrates ☐ Carbohydrate ratio for lunch: 1 unit for grams of carbohydrates ☐ Correction target glucose: mg/dL Correction factor: 1 unit for every mg/dL above correction target Fixed Meal Insulin Dosing: Breakfast units Lunch units Snack units Other: Date Parent/Guardian Name (please print) Parent/Guardian Signature **or** Verbal Notification by Parent/Guardian for Dose Changes Attention School Personnel: Fax form to the CCHMC Diabetes Center for provider approval of doses above. Provider's Signature Date Cincinnati Children's Hospital Diabetes Center Providers: ☐ Rosario Alarcon, MD ☐ Jonathan Howell, MD Yoori Noh, APRN-CNP ☐ Shivani Bhatt. APRN-CNP Audrey Hull, MD Chris Osborn, APRN-CNP ☐ Marnie Blalock Swati John, MD Sarah Rachal, MD Ryan Brady, MD ■ Nana-Hawa Yayah Jones, MD ☐ Samantha Roberge, MD Sarah Corathers, MD ☐ Jennifer Kelly, APRN-CNP Lisa Schaaf, APRN-CNP Lisa Corker, MD Oneza Kothawala, MD □ Natalie Segev, MD ☐ Nancy Crimmins, MD ☐ Mansa Krishnamurthy, MD Amy Shah, MD Lily Deng, MD ☐ Nicole Sheanon, MD ☐ Sarah Lawson, MD Lawrence Dolan, MD Bella London, MD Katya Sracic, MD Deborah Elder, MD ☐ Bhavapriya Mani, MD ☐ Katrina Stumbras, MD ☐ Janise Felblinger, APRN-CNP ☐ Gaianthan Muthuvel. MD ☐ Sarah Swauger. MD ☐ Karli Heiskell, APRN-CNP ☐ Nat Nasomyont, MD Siobhan Tellez, APRN-CNP

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