

# 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    Pen    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: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (please print)                                  Date                                  (\_\_\_\_\_) Parent/Guardian Phone Number

\_\_\_\_\_  
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:**

- |                                                      |                                                    |                                                    |
|------------------------------------------------------|----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Jeremy Brown, MD            | <input type="checkbox"/> Mansa Krishnamurthy, MD   | <input type="checkbox"/> Chris Osborn, APRN-CNP    |
| <input type="checkbox"/> Mandi Cafasso, APRN-CNP     | <input type="checkbox"/> Andrew Lavik, MD          | <input type="checkbox"/> Samantha Roberge, MD      |
| <input type="checkbox"/> Sarah Corathers, MD         | <input type="checkbox"/> Sarah Lawson, MD          | <input type="checkbox"/> LeAnne Sancrainte, MD     |
| <input type="checkbox"/> Nancy Crimmins, MD          | <input type="checkbox"/> Faith Lindsay, MD         | <input type="checkbox"/> Lisa Schaaf, APRN-CNP     |
| <input type="checkbox"/> Lawrence Dolan, MD          | <input type="checkbox"/> Sonia Rodas Marquez, MD   | <input type="checkbox"/> Amy Shah, MD              |
| <input type="checkbox"/> Deborah Elder, MD           | <input type="checkbox"/> Gamal Mashali, MD         | <input type="checkbox"/> Nicole Sheanon, MD        |
| <input type="checkbox"/> Janise Felblinger, APRN-CNP | <input type="checkbox"/> Nancy Morwessel, APRN-CNP | <input type="checkbox"/> Jonathan Tatum, MD        |
| <input type="checkbox"/> Jonathan Howell, MD         | <input type="checkbox"/> Gajanthan Muthuvel, MD    | <input type="checkbox"/> Siobhan Tellez, APRN-CNP  |
| <input type="checkbox"/> Nana-Hawa Yayah Jones, MD   | <input type="checkbox"/> Alison Murray, MD         | <input type="checkbox"/> Varsha Thomas, MD         |
| <input type="checkbox"/> Jennifer Kelly, APRN-CNP    | <input type="checkbox"/> Nat Nasomyont, MD         | <input type="checkbox"/> Karishma Tilton, APRN-CNP |

**Cincinnati Children's Diabetes Center**  
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 Email: diabetescallcenter@cchmc.org