

INSULIN DETAIL FORM: PENS OR SYRINGES

Name: _____

DOB: _____

Check all that apply: Pen Syringe

Combination/mixed insulin:

Novolog 70/30 Novolin 70/30 Humalog 75/25 Humulin 70/30 Humalog 50/50

_____ units in the AM _____ units at supper _____ units at bedtime

BASAL INSULIN DOSE:

Humulin N Novolin N Levemir Lantus Tresiba Toujeo Basaglar

_____ units in the AM _____ units at supper _____ units at bedtime

BOLUS INSULIN DOSE FOR MEALS:

Humalog Novolog Apidra Humulin R Novolin R Fiasp Admelog

Start time: midnight 1 unit of insulin per _____ grams of carbohydrate

Start time: _____ 1 unit of insulin per _____ grams of carbohydrate

Start time: _____ 1 unit of insulin per _____ grams of carbohydrate

Start time: _____ 1 unit of insulin per _____ grams of carbohydrate

Start time: _____ 1 unit of insulin per _____ grams of carbohydrate

Start time: _____ 1 unit of insulin per _____ grams of carbohydrate

BOLUS INSULIN DOSE FOR CORRECTION:

CORRECTION FORMULA: Blood Sugar - _____) / _____ =

EXAMPLE: (Blood Sugar - 110) / 30 = Units of Humalog

<u>Time of Day</u>	<u>Blood Glucose Target</u>	<u>Insulin Correction Factor*</u>
<i>EXAMPLE: 10am</i>	<i>120</i>	<i>45</i>