CCSD HEALTH AIDE INSULIN ADMNISTRATION AND DIABETES CARE LOG

Student's name:	School:	Grade:	School Year:
Parent's name:	Phone #s:		Teacher:

Date	Time	Blood Glucose	√ If Tested by Finger Stick	√ If Reading of Continuous Glucose Monitor - CGM	Grams of carbs to be Eaten	Carb Dose units to be given	Correction Dose units to be given	Total # of Insulin units administered	Admin Code	Site Administered	Parent Guardian Notified Mark Yes or No	Comments	Initials of Staff Assist/Admin Insulin	Initials of Staff Verifying Insulin dose

Name Signature of Trained Staff	Initials	Name & Signature of Trained Staff	Initials

NEVER SEND A STUDENT WITH SUSPECTED LOW BLOOD GLUCOSE ANYWHERE ALONE!

SEVERE LOW BLOOD GLUCOSE SYMPTOMS ARE A LIFE-THREATENTING EMERGENCY. CONTACT TRAINED DIABETES OFFICE PERSONNEL IMMEDIATELY. CALL 911 if needed.

Administration Code for person administering insulin	Administration Code for site of Insulin administration
Student Self-Administered=SSA Parent Administered=PA Employee Assisted=EA Staff/Nurse Administered=SNA No insulin administered=NA	R arm=RA L arm=LA Abdomen=AB Pump Site=PS
Carbohydrate/Insulin Ratio: _____ unit(s) per _____ grams of carb	**Correction Dose: _____ unit(s) for every _____ above _____**

Revised 8/19/2020

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