Escambia County Public Schools - Health Services
30 E Texar Dr., Pensacola FL 32503
Phone: (850) 469-5456

STUDENT MEDICATION RECORD INSULIN ADMINISTRATION-CARBOHYDRATE COUNTING
20__-20__ SCHOOL YEAR

NAME: ______________________ INSULIN: ______________ PRESCRIBER: ______________

DOB: ______________________ DOSAGE: ______________

DIAGNOSIS: ______________________ ROUTE: SQ

ALLERGIES: ______________________ RN SIGNATURE / DATE: ______________________

Date	Vial or Pen	Label Exp Date	Date Opened (expires after 28 days)	On Hand	Rcvd	Returned	Total	[ ] Carry-over count (1 signature required) Signature/Title (2 required)
Date	Vial or Pen	Label Exp Date	Date Opened (expires after 28 days)	On Hand	Rcvd	Returned	Total	[ ] Carry-over count (1 signature required) Signature/Title (2 required)

TIME (s): BREAKFAST: __________ LUNCH: __________ SNACK: __________ PRN: __________ OTHER: __________

Blood Glucose Target: _____ Correction Factor: _____ Carbohydrate Ratio: _____ For Moderate/Large Ketones: give_____units

Date	Time	Blood Glucose (BG)	BG - Target / CF	Gms Carbs Eaten	Gms of Carbs / CR	Insulin for Ketones	Insulin Calculation/ Dose Admin. (rounded)	Site	Code	Signature
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN
	to		_____-_____=		_____=					HT/LPN/RN

RN Weekly Signature/Date ______________________ UAP/HT Signature ______________
RN Weekly Signature/Date ______________________ UAP/HT Signature ______________
RN Weekly Signature/Date ______________________ UAP/HT Signature ______________
RN Weekly Signature/Date ______________________ UAP/HT Signature ______________

Codes	C: Comments in STR / P: Parent/Guardian Notified / N: Normal Response / AB: Abnormal Response
Sites	RA: Right Arm / LA: Left Arm / RL: Right Leg / LL: Left Leg / AB: Abdomen / OO: Other