

Name: _____ Cabin: _____

Check in Form/ INJECTION Flowsheet

Short Acting insulin name: _____	Injection Device: _____
Long-Acting insulin name: _____	Dose: _____ Frequency: _____
Injection Device: _____	CGM: yes/no
CGM type: _____	Last changed: _____

Insulin to Carb Ratios

	Begin Time	Insulin; Carb
1		
2		
3		
4		
5		

Correction/ Insulin Sensitivity Factor

1 unit to ↓ BG ____ mg/dl

Correct at: ____ mg/dl to a target of ____ mg/dl

Correct at: ____ meals

____ snacks

____ bedtime

GOAL for week: