Children's Diabetes Service



School Log Book



Insulin injections





Per	sonal contact details	
Name of child		
Name and address of school setting		
Name(s) of school staff who administer insulin		
Name of parent/carer		
Telephone:	Home	
	Mobile	
	Work	
Alternative contact		
Telephone:	Home	
	Mobile	
	Work	
Diabetes Specialist Nurse		Telephone
Diabetes Specialist Dietitian		Telephone
This calcast to a book is to b		

This school log book is to be used during school hours and the parent/carer is required to complete the insulin dose to be given for the total carbohydrate, in preparation for the school staff.

CORRECTION DOSE

Table 1

Please also refer to Individual Healthcare Plan.

Blood glucose	Correction dose of insulin to be added depending on blood glucose
Parent/carer signature	
Date started	
Date stopped (if applicable)	

Table 2 To be completed if correction dose changes.

If the correction dose is changed, parent/carer needs to advise the school not to use Table 1.

Blood glucose	Correction dose of insulin to be added depending on blood glucose
Parent/carer signature	

Date started

Blood glucose pre-lunch	mmol/l at time
Lunch	
Food listed	Carbohydrate (grams
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	
A. Insulin dose to be given for total	carbohydrate un
	carbohydrate un
A. Insulin dose to be given for total	
A. Insulin dose to be given for total Parent/carer signature	red (refer to page 3) un
 A. Insulin dose to be given for total and the parent/carer signature B. Insulin dose for correction if required 	red (refer to page 3) un
A. Insulin dose to be given for total Parent/carer signature B. Insulin dose for correction if require Total insulin dose to be given=Insulin	red (refer to page 3) un dose for carbohydrate (A) + insuli
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Date		
Blood glucose pre-lunch	mmol/l	attime
Lunch		
Food listed		Carbohydrate (grams)
1.		
2.		
3.		
4.		
5.		
Lunch – total carbohyd	rate	
A. Insulin dose to be g		vdrate units
B. Insulin dose for corr	ection if required (refe	er to page 3) units
Total insulin dose to be	given =Insulin dose fo	or carbohydrate (A) + insulin
dose for correction if red	juired (B)	units
Given by (signature)	C	(time)
Comments:		

Blood glucose pre-lunch	mmol/l at time
Lunch	
Food listed	Carbohydrate (grams
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	
A. Insulin dose to be given for total	carbohydrate un
	carbohydrate un
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dose for correction if red	juired (B)	units
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Comments:		

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Lunch	
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Lunch – total carbohydrate	
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Date		
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Lunch		
Food listed		Carbohydrate (grams)
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2.		
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Lunch – total carbohyd	rate	
A. Insulin dose to be g		vdrate units
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Total insulin dose to be	given =Insulin dose fo	or carbohydrate (A) + insulin
dose for correction if red	juired (B)	units
Given by (signature)	C	(time)
Comments:		

Blood glucose pre-lunch	mmol/l at time
Lunch	
Food listed	Carbohydrate (grams
1.	
2.	
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4.	
5.	
Lunch – total carbohydrate	
A. Insulin dose to be given for total	carbohydrate un
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Lunch Food listed Ca 1. 2. 3. 4. 5. Lunch – total carbohydrate Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose to be given=Insulin dose for carbohydrate for correction if required (refer to page to be given=Insulin dose for carbohydrate for correction if required (B)	
Food listed 1. 2. 3. 4. 5. Lunch – total carbohydrate Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page total insulin dose for carbohydrate)	time
1. 2. 3. 4. 5. Lunch – total carbohydrate Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page) Total insulin dose to be given=Insulin dose for carbohydrate	
2. 3. 4. 5. Lunch – total carbohydrate Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page) Total insulin dose to be given=Insulin dose for carbohydrate	rbohydrate (grams)
3. 4. 5. Lunch - total carbohydrate Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page) Total insulin dose to be given=Insulin dose for carbohydrate	
4. 5. Lunch – total carbohydrate Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page) Total insulin dose to be given=Insulin dose for carbohydrate	
Lunch – total carbohydrate Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page total insulin dose for carbohydrate)	
Injection site A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page 1) Total insulin dose to be given=Insulin dose for carbohydrate	
A. Insulin dose to be given for total carbohydrate Parent/carer signature B. Insulin dose for correction if required (refer to page Total insulin dose to be given=Insulin dose for carbohydrate)	
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Total insulin dose to be given=Insulin dose for carbol	units
	ge 3) units
dose for correction if required (B)	nydrate (A) + insulin
orn	ts
Given by (signature) at (time)	
Comments:	

Blood glucose pre-lunch	mmol/l at tim
Lunch	
Food listed	Carbohydrate (gran
1.	
2.	
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5.	
Lunch – total carbohydrate	
A. Insulin dose to be given for total	carbohydrate U
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'I at time
Carbohydrate (grams
efer to page 3) un
for carbohydrate (A) + insuli
units
at (time)



Public Health Agency

12-22 Linenhall Street, Belfast BT2 8BS. Tel: 0300 555 0114 (local rate). www.publichealth.hscni.net

