Children's Diabetes Service

School Log Book

Insulin injections

HSC Public Health Agency

Personal 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 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

Date ....

Blood glucose pre-lunch [ ] mmol/l at [ ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [ ]

A. **Insulin dose to be given for total carbohydrate** [ ] units

Parent/carer signature [ ]

B. **Insulin dose for correction if required** (refer to page 3) [ ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [ ] units

Given by [(signature)] at [(time)]

Comments: ....
....

Date ....

Blood glucose pre-lunch [ ] mmol/l at [ ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [ ]

A. **Insulin dose to be given for total carbohydrate** [ ] units

   Parent/carer signature [ ]

B. **Insulin dose for correction if required** (refer to page 3) [ ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [ ] units

Given by [(signature)] at [(time)]

Comments:

Date ....

Blood glucose pre-lunch ( ) mmol/l at ( ) time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site

A. **Insulin dose to be given for total carbohydrate** ( ) units

    Parent/carer signature

B. **Insulin dose for correction if required** (refer to page 3) ( ) units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) ( ) units

Given by ((signature)) at ((time))

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

    Parent/carer signature

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin

dose for correction if required (B) [   ] units

Given by [(signature)] at [(time)]

Comments:

Date ....

Blood glucose pre-lunch (.............) mmol/l at (.................) time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site (   )

A. **Insulin dose to be given for total carbohydrate** (   ) units

Parent/carer signature (   )

B. **Insulin dose for correction if required** (refer to page 3) (   ) units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin

dose for correction if required (B) (   ) units

Given by ((signature)   ) at ((time)   )

Comments: ....
....
....

Date ....

Blood glucose pre-lunch [ ] mmol/l at [ ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [ ]

A. **Insulin dose to be given for total carbohydrate** [ ] units

Parent/carer signature [ ]

B. **Insulin dose for correction if required** (refer to page 3) [ ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [ ] units

Given by [(signature)] at [(time)]

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

    [Parent/carer signature]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [   ] units

Given by [(signature)] at [(time)]

Comments:
[   ]

Date ....

Blood glucose pre-lunch [_____] mmol/l at [_____] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [_____]

A. **Insulin dose to be given for total carbohydrate** [_____] units

  Parent/carer signature

B. **Insulin dose for correction if required** (refer to page 3) [_____] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [_____] units

Given by [(signature)_____] at [(time)_____]

Comments:
....
....

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
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3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

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dose for correction if required (B) [   ] units

Given by [(signature)   ] at [(time)   ]

Comments:
....
....

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
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Injection site [   ]

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Given by [(signature)] at [(time)]

Comments:

Date ....

Blood glucose pre-lunch [ ] mmol/l at [ ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
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3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [ ]

A. **Insulin dose to be given for total carbohydrate** [ ] units

[Parent/carer signature]

B. **Insulin dose for correction if required** (refer to page 3) [ ] units

Total insulin dose to be given =Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [ ] units

Given by [(signature)] at [(time)]

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

   Parent/carer signature [   ]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [   ] units

Given by [(signature)] **at** [(time)]

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

   [Parent/carer signature   ]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

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Given by [(signature)   ] at [(time)   ]

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
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5.	
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Injection site [   ]

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Parent/carer signature [   ]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [   ] units

Given by [(signature)] at [(time)]

Comments:
....
....

Date ....

Blood glucose pre-lunch ( ) mmol/l at ( ) time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [ ]

A. **Insulin dose to be given for total carbohydrate** [ ] units

  Parent/carer signature

B. **Insulin dose for correction if required** (refer to page 3) [ ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [ ] units

Given by ((signature)) at ((time))

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

    [Parent/carer signature   ]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin

dose for correction if required (B) [   ] units

Given by [(signature)   ] **at** [(time)   ]

Comments:
....
....

Date ....

Blood glucose pre-lunch [＿＿＿] mmol/l at [＿＿＿] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [＿＿＿]

A. **Insulin dose to be given for total carbohydrate** [＿＿＿] units

    Parent/carer signature [＿＿＿]

B. **Insulin dose for correction if required** (refer to page 3) [＿＿] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [＿＿＿] units

Given by [(signature)] at [(time)]

Comments:
....
....

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

   Parent/carer signature [   ]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin
dose for correction if required (B) [   ] units

Given by [(signature)] at [(time)]

Comments: [   ]

Date ....

Blood glucose pre-lunch [ ] mmol/l at [ ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [ ]

A. **Insulin dose to be given for total carbohydrate** [ ] units

    [Parent/carer signature]

B. **Insulin dose for correction if required** (refer to page 3) [ ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [ ] units

Given by [(signature)] at [(time)]

Comments: ....
....

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

     Parent/carer signature

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [   ] units

Given by [(signature)   ] at [(time)   ]

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

[Parent/carer signature]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [   ] units

Given by [(signature)] at [(time)]

Comments:
....
....

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units

    Parent/carer signature

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [   ] units

Given by [(signature)   ] at [(time)   ]

Comments:

Date ....

Blood glucose pre-lunch [   ] mmol/l at [   ] time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [   ]

A. **Insulin dose to be given for total carbohydrate** [   ] units
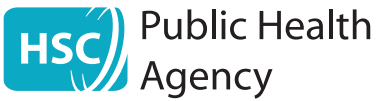
   Parent/carer signature [   ]

B. **Insulin dose for correction if required** (refer to page 3) [   ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [   ] units

Given by [(signature)] at [(time)]

Comments:
....
....

Date ....

Blood glucose pre-lunch ( ) mmol/l at ( ) time

Lunch

Food listed	Carbohydrate (grams)
1.	
2.	
3.	
4.	
5.	
Lunch – total carbohydrate	

Injection site [ ]

A. **Insulin dose to be given for total carbohydrate** [ ] units

 Parent/carer signature [ ]

B. **Insulin dose for correction if required** (refer to page 3) [ ] units

Total insulin dose to be given=Insulin dose for carbohydrate (A) + insulin dose for correction if required (B) [ ] units

Given by ((signature)) at ((time))

Comments:
....
....