Dayton (-					X		_
Student Nam													day	tor en's
Date of Birth					_							cr	nidr	en's
Type of Insulin Therapy: Insulin Pump MDI						Parent Contact:								
Carb : Insulin Ratios Ketone Correction Scale						Daytime Correction Scale			Signature of Staff Providing Care				Initials	
Breakfast Small AM Snack Moderate														
Lunch Large														
PM Snack														
Date:	7:	8:_	_ 8:	9:	9:	10:	10:	11:	11:	12:	12:	1:	1:	2:
Glucose														
Carbs														
Ketones														
Insulin														
Comments	 S	ı					1		1		1			
Date:	7:	8:_	_ 8:	9:	9:	10:	10:	11:	11:	12:	12:	1:	1:	2:
Glucose														
Carbs														
Ketones														
Insulin														
Comments	2													
Comment	•													
Date:	7:	8:_	8:	9:	9:	10:	10:	11:	11:	12:	12:	1:	1:	2:
Glucose														
Carbs														
Ketones														
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Comments	5													
Data	1 -	0-	0-	10-	0-	40-	10-	144.	144.	40-	40:	.		0-
Date:	7:	8:_	_ 8:	9:	9:	10:	10:	11:	11:	12:	12:	1:	1:	2:
Glucose				1					1					
Carbs				-					1					
Ketones									1	-				
							<u> </u>		1		<u> </u>			
Insulin	1			1	1	1			1			1	1	1

Dayton Children's Diabetes Clinic Phone: (937) 641- 3487

Dayton Children's Diabetes Clinic Fax: (937) 641-5878

Comments