



SMR For Insulin Administration with a PEN

Name: _____ DOB: _____ Allergies: _____

Insulin: _____ Dosage: See Orders Route: SQ Ketones dose: _____ Units **Target BS:** _____

Correction Factor: Breakfast _____ Lunch _____ **Carb Ratio:** Breakfast _____ Lunch _____

Date: _____ Time: _____

$$\frac{\text{Blood Sugar}}{\text{Target BS}} = \frac{\text{Total}}{\text{Correction Factor}} = \boxed{}$$

Insulin dose 1

$$\frac{\text{Total Carb Count}}{\text{Carb Ratio}} = \boxed{}$$

Insulin dose 2

$$\text{Insulin dose 1} + \text{Insulin dose 2} + \boxed{} = \text{Total Insulin} = \text{Rounded to} = \boxed{}$$

Insulin dose 1 Insulin dose 2 Ketone dose Total Insulin Rounded to Total Insulin administered site Code

If needed see orders

Print Name: _____ Sign/Title: _____ Verified With: _____ RN

Date: _____ Time: _____

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Codes- C: Comment in Clinic Notes 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 O: Other

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