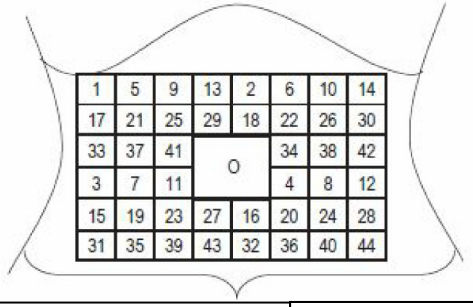
Place Patient Form Label Here

Flowsheets

* 3 5 3 7 *

DIABETES MANAGEMENT FLOW SHEET



Rotate quadrants such that each injection more than 2 cm from the last, and 5 cm from umbilicus, incision or drains. Document # of abdominal site or location below: RA (right arm), LA (left arm), RT (right thigh), LT (left thigh)

See MAR for Oral Medications

Date	CAPILLARY BLOOD GLUCOSE MONITORING (mmol/L)								INSULIN ADMINISTRATION										Initial
									Subcutaneous								IV Infusion		
	Time	Before Breakfast	Before Lunch	Before Supper	Before Bedtime Snack	Outside Meal Times	Comment: eg. NPO, nausea, snack not taken, or * see I.D. Notes	Initial	Time	Regularly Ordered Dose of Regular Insulin	NPH	30/70	Other ____	Other ____	Sliding Scale Dose of ____	Abdominal Site # Or location	Bolus units	Rate units/hr	

If you initial this flow sheet, you must complete the Interdisciplinary Signature Sheet in the front of the patient chart

Place Patient Form Label Here

Flowsheets

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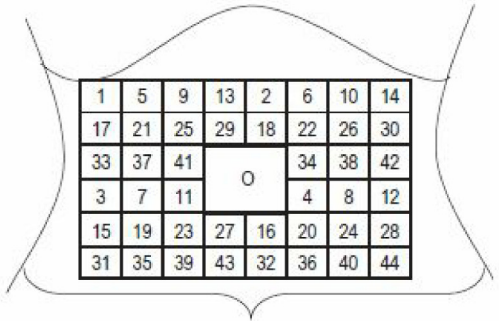
DIABETES MANAGEMENT FLOW SHEET



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