Children's Diabetes Service



School Log Book



Insulin injections





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
_	be used during school hours and the	

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-break mmol/l at	time
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 carbohydrat Parent/carer signature	te units
B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
dose for correction in required (b)	units
Given by (signature) at (tir	ne)
Comments:	

Date		
Blood glucose pre-break	mmol/l at	time
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	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
Given by (signature)	at (time	e)
Commonto		
Comments:		

Date	
Blood glucose pre-break mmol/l at	time
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 carbohydrat Parent/carer signature	te units
B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
dose for correction in required (b)	units
Given by (signature) at (tir	ne)
Comments:	

Date		
Blood glucose pre-break	mmol/l at	time
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	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
Given by (signature)	at (time	e)
Commonto		
Comments:		

Date	
Blood glucose pre-break mmol/l at	time
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 carbohydrat Parent/carer signature	te units
B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
dose for correction in required (b)	units
Given by (signature) at (tir	ne)
Comments:	

Date		
Blood glucose pre-break	mmol/l at	time
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	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
Given by (signature)	at (time	e)
Commonto		
Comments:		

Date	
Blood glucose pre-break mmol/l at	time
Blood glucose pre-lunch mmol/l at	time
Lunch	
Food listed	Carbohydrate (grams)
1.	
2.	
3.	
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5.	
Lunch – total carbohydrate	
Injection site	
A. Insulin dose to be given for total carbohydrat Parent/carer signature	te units
B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
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Comments:	

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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	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
Given by (signature)	at (time	e)
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Comments:		

Date	
Blood glucose pre-break mmol/l at	time
Blood glucose pre-lunch mmol/l at	time
Lunch	
Food listed	Carbohydrate (grams)
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Lunch – total carbohydrate	
Injection site	
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Comments:	

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Lunch		
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Injection site		
A. Insulin dose to be given for	r total carbohydrate	units
Parent/carer signature		
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Comments:	

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Blood glucose pre-lunch	mmol/l at	time
Lunch		
Food listed		Carbohydrate (grams)
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Lunch – total carbohydrate		
Injection site		
A. Insulin dose to be given for	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
Given by (signature)	at (time	e)
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Comments:		

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Blood glucose pre-lunch mmol/l at	time
Lunch	
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Blood glucose pre-lunch	mmol/l at	time
Lunch		
Food listed		Carbohydrate (grams)
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4.		
5.		
Lunch – total carbohydrate		
Injection site		
A. Insulin dose to be given for	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
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Comments:		

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Blood glucose pre-lunch mmol/l at	time
Lunch	
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Injection site	
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Comments:	

Date		
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Blood glucose pre-lunch	mmol/l at	time
Lunch		
Food listed		Carbohydrate (grams)
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5.		
Lunch – total carbohydrate		
Injection site		
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Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
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Comments:		

Date	
Blood glucose pre-break mmol/l at	time
Blood glucose pre-lunch mmol/l at	time
Lunch	
Food listed	Carbohydrate (grams)
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Lunch – total carbohydrate	
Injection site	
A. Insulin dose to be given for total carbohydrat Parent/carer signature	te units
B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
dose for correction in required (b)	units
Given by (signature) at (tir	ne)
Comments:	

Date		
Blood glucose pre-break	mmol/l at	time
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	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
Given by (signature)	at (time	e)
Commonto		
Comments:		

Date	
Blood glucose pre-break mmol/l at	time
Blood glucose pre-lunch mmol/l at	time
Lunch	
Food listed	Carbohydrate (grams)
1.	
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Lunch – total carbohydrate	
Injection site	
A. Insulin dose to be given for total carbohydrat Parent/carer signature	te units
B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
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Given by (signature) at (tir	ne)
Comments:	

Date		
Blood glucose pre-break	mmol/l at	time
Blood glucose pre-lunch	mmol/l at	time
Lunch		
Food listed		Carbohydrate (grams)
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4.		
5.		
Lunch – total carbohydrate		
Injection site		
A. Insulin dose to be given for	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to p	age 3) units
Total insulin dose to be given=In		-
dose for correction if required	(B)	units
Given by (signature)	at (time	e)
Commonto		
Comments:		

Date	
Blood glucose pre-break mmol/l at	time
Blood glucose pre-lunch mmol/l at	time
Lunch	
Food listed	Carbohydrate (grams)
1.	
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5.	
Lunch – total carbohydrate	
Injection site	
A. Insulin dose to be given for total carbohydrat Parent/carer signature	te units
B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
dose for correction in required (b)	units
Given by (signature) at (tir	ne)
Comments:	

Date		
Blood glucose pre-break	mmol/l at	time
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 fo	r total carbohydrate	units
Parent/carer signature		
B. Insulin dose for correction i	f required (refer to pa	age 3) units
Total insulin dose to be given=1	nsulin dose for carbo	ohydrate (A) + insulin
dose for correction if required	I (B)	units
Given by (signature)	at (time	
Comments:		
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •

Date	
Blood glucose pre-break mmol/l at	time
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	
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B. Insulin dose for correction if required (refer to Total insulin dose to be given=Insulin dose for carl dose for correction if required (B)	
dose for correction in required (b)	units
Given by (signature) at (tir	ne)
Comments:	

Date		
Blood glucose pre-break	mmol/l at	time
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 carbohydra	te units
Parent/carer signature		
B. Insulin dose for correction if	required (refer to	page 3) units
Total insulin dose to be given=In	sulin dose for car	bohydrate (A) + insulin
dose for correction if required	(B)	units
Given by (signature)	at (ti	me)
Comments:		



Public Health Agency

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









