## Record of medication administration (insulin)

*<Insert/attach student photo if required for identification purposes>*

This form is to be used to record glucose levels, carbohydrate intake and administration of insulin to the student described below to support their diabetes management.

| **Student name** |  | **Date of birth** |  | **Class** |  |
| --- | --- | --- | --- | --- | --- |
| **Prescribed insulin** |  | **Administration via:** | Pump 🞏 Pen 🞏 Syringe 🞏 |
| **Dosage:** | Refer to student’s current diabetes management plan for authorised instructions about determining dosage |

| *On receipt of the medication:*1. *Check for medical authorisation for insulin i.e.* ***medication order*** *or* ***letter from the prescribing health practitioner****.*
2. *Refer to the student’s current* ***diabetes management plan*** *to complete ‘Prescribed insulin’ and ‘Administration via’.*
3. *Attach the completed* ***Consent to administer medication*** *form.*
4. *Attach the completed* ***diabetes management plan****.*
5. *Attach any additional written advice from the prescribing health practitioner.*
6. *Refer to the student’s* ***diabetes management plan*** *when administering medication.*
7. *For students who are approved to self-medicate, the student may co-sign with their supervising staff member instead of two staff members.*
8. *Advise the parent that they will need to collect any unused medication when it is no longer required to be administered at school.*
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| **Date** | **Time** | **Glucose Level** | **Carbs (grams)** | **Food/drink consumed** | **Insulin (units administered)** | **Signatures** |
| **1.** | **2.**  |
| 24/05/2021 | 11.00am | 5mmol/L | 20g | 1 sandwich, 250mL orange juice | 1 unit | - | - |
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| **1.** | **2.**  |
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