### Individual Insulin Pump Orders Form

#### Basal Rates

<table>
<thead>
<tr>
<th>Time</th>
<th>Rate 1</th>
<th>Rate 2</th>
<th>Rate 3</th>
<th>Rate 4</th>
<th>Rate 5</th>
<th>Rate 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 AM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Meal Bolus

- _______ # of units per _______ grams of carbohydrate – Breakfast
- _______ # of units per _______ grams of carbohydrate – Lunch
- _______ # of units per _______ grams of carbohydrate – Supper
- _______ # of units per _______ grams of carbohydrate – Snack

#### Correction Factor/Insulin Sensitivity

Correct blood sugar to target range of ____________

Reassessment of blood glucose levels after correction intervention to be done every ____________

**Blood Glucose minus Target = Correction Bolus**

**Sensitivity Factor**

#### Notify Parent/Guardian

If ____________________________________________________

______________________________________________________

#### Additional Considerations For:

- Activities___________________________________________
- Class trips_________________________________________
- Sports_____________________________________________
- Other_______________________________________________

#### Signatures

- Healthcare provider
  - (Print Name)
  - Signature
  - Date
- Parent/Guardian
  - (Print Name)
  - Signature
  - Date
- School Nurse
  - (Print Name)
  - Signature
  - Date