

LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director
DIABETES PROTOCOL LOG

Please Print

STUDENT NAME: LAST _____ FIRST _____

STUDENT ID _____ DOB ____/____/____ Gender (Select one) Male Female Non-binary IEP 504 N/A

SCHOOL NAME _____ LOCATION CODE _____ Grade: _____

CREDENTIALLED SCHOOL NURSE NAME _____ EMPLOYEE NUMBER _____

The signature of the service provider certifies under penalty of perjury that the information on this form is true and correct.

CREDENTIALLED SCHOOL NURSE SIGNATURE _____ DATE: _____

Procedure: Diabetes Management

Authorizing Licensed Healthcare Provider: _____ Telephone Number: _____

Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:

Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long-acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial	Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long-acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial	
	BG Unit(s)	CHO Unit(s)							T/S			BG Unit(s)	CHO Unit(s)							T/S		

Student Name: Last

First

Date of Birth

Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long -acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial	Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long -acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial	
	BG Unit(s)	CHO Unit(s)							T/S			BG Unit(s)	CHO Unit(s)								T/S	