

Patient Insulin Pump Flow Sheet

Since you are managing your personal insulin pump, it is necessary to record your insulin doses on this flow sheet so that your health care team can safely care for you. Please record your basal insulin rates, bolus doses, number of carbohydrates per meal, and all blood sugars on this flow sheet. Please give this flow sheet to your nurse at the end of each day.

My **carbohydrate to insulin ratio** is: _____

My **correction factor** is: _____

My **basal rates** are: _____

Date: _____

Time (PM)	Blood sugar (if needed)	Bolus Dose (units)	Meal Number of carbs (grams)
5: <u>15</u>	120	4 units	45 grams

Time (AM)	Blood sugar (if needed)	Bolus Dose (units)	Meal Number of carbs (grams)
12: _____			
1: _____			
2: _____			
3: _____			
4: _____			
5: _____			
6: _____			
7: _____			
8: _____			
9: _____			

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Time (PM)	Blood sugar (if needed)	Bolus Dose (units)	Meal Number of carbs (grams)
10:_____			
11:_____			
12:_____			
1:_____			
2:_____			
3:_____			
4:_____			
5:_____			
6:_____			
7:_____			
8:_____			
9:_____			
10:_____			
11:_____			

My infusion site was last changed on_____

Date_____ Time_____ Patient Signature_____