



INSULIN ADMINISTRATION LOG

Client Name: _____ DOB: _____

<u>Insulin Order(s)</u>				
<u>Name of Insulin</u> <small>(as printed on medication label)</small>	<u>Dose</u>	<u>Frequency</u>	<u>Blood Glucose Level</u> <u>Check Required</u> <small>(Yes or No)</small>	<u>Order</u> <u>Expiration Date</u>

<u>Date</u>	<u>Time</u>	<u>Name of Insulin</u> <small>(as printed on medication label)</small>	<u>Blood</u> <u>Glucose</u> <u>Level</u> <small>(If no, write N/A)</small>	<u>Units</u> <u>Given</u>	<u>Site</u> <small>LA- Left arm RA- Right arm ABD- Stomach</small>	<u>Initials</u> <small>(person giving med)</small>

Month/Year: _____

<u>Date</u>	<u>Time</u>	<u>Name of Insulin</u> (as printed on medication label)	<u>Blood</u> <u>Glucose</u> <u>Level</u> (If no. write N/A)	<u>Units</u> <u>Given</u>	<u>Site</u> LA- Left arm RA- Right arm ABD- Stomach	<u>Initials</u> (person giving med)

<u>Date</u>	<u>Time</u>	<u>Name of Insulin</u> (as printed on medication label)	<u>Blood Glucose Level</u> (If no, write N/A)	<u>Units Given</u>	<u>Site</u> LA- Left arm RA- Right arm ABD- Stomach	<u>Initials</u> (person giving med)

<u>Date</u>	<u>Time</u>	<u>Name of Insulin</u> (as printed on medication label)	<u>Blood Glucose Level</u> (If no, write N/A)	<u>Units Given</u>	<u>Site</u> LA- Left arm RA- Right arm ABD- Stomach	<u>Initials</u> (person giving med)

<u>Print Name</u>	<u>Signature</u>	<u>Initials</u>	<u>Role</u> Medication Assistance Provider (MAP), Direct-Support Professional (D-SP), or Client's Relative