



INSULIN INSTRUCTION SHEET

Name: _____

Start your insulin injections as follows:

<input type="radio"/> Breakfast	<input type="checkbox"/>	<input type="radio"/> Rapid-Acting Insulin	_____
	<input type="checkbox"/>	<input type="radio"/> NPH Insulin	_____
	<input type="checkbox"/>	<input type="radio"/> Other _____	_____
<input type="radio"/> Lunch	<input type="checkbox"/>	<input type="radio"/> Rapid-Acting Insulin	_____
<input type="radio"/> Supper	<input type="checkbox"/>	<input type="radio"/> Rapid-Acting Insulin	_____
	<input type="checkbox"/>	<input type="radio"/> NPH Insulin	_____
	<input type="checkbox"/>	<input type="radio"/> Other _____	_____
<input type="radio"/> Bedtime	<input type="checkbox"/>	<input type="radio"/> NPH Insulin	_____
	<input type="checkbox"/>	<input type="radio"/> Glargine Insulin	_____
	<input type="checkbox"/>	<input type="radio"/> Other _____	_____
<input type="radio"/> Insulin Correction Dose	_____		

Target Blood Sugar Levels

Record in your log book your blood sugar levels. Bring your log book with you at each appointment.

Practical Insulin Tips:

- Rotate your insulin injection sites
- Count to 10 after each injection before removing pen
- Use a new needle with each injection
- Insulin needle tips should be thrown away in an approved sharps container

Other Instructions
