



AUF DER BULT

KINDER- UND JUGENDKRANKENHAUS

DIABETES CENTRE
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 Diabetes Ward Tel. 0511/8115-2209
 Outpatient clinic Tel. 0511/8115-3335
 eMail / Prescriptions diabetesambulanz@hka.de

Dosing plan for Insulin Pump Therapy

time insulin is acting _____ hours

bolus calculator

time	night	early morning	breakfast	snack	lunch	tea time	dinner	late
	0:00-3:00	3:00-6:00	6:00-9:00	9:00-11:00	11:00-14:00	14:00-17:00	17:00-19:30	19:30-24:00
carb-ratio	_____	_____	_____	_____	_____	_____	_____	_____
1 unit lowers	_____	_____	_____	_____	_____	_____	_____	_____
[mmol/l]	_____	_____	_____	_____	_____	_____	_____	_____
target	_____	_____	_____	_____	_____	_____	_____	_____
[mmol/l]	_____	_____	_____	_____	_____	_____	_____	_____

basal rate	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Sum	
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Blood sugar at bed time <=5,0 mmol/l _____ CU ; <=3,9 mmol/l _____ CU ; <=3,3 mmol/l _____ CU

written by: _____