Record of medication administration (insulin)

This form is to be used to record glucose levels, carbohydrate intake and administration of insulin to the student described below to support their diabetes management.

Student name		Date of birth		Class	
Prescribed insulin		**Administration via:**	Pump ☐ Pen ☐ Syringe ☐		
Dosage:	Refer to student's current diabetes management plan for authorised instructions about determining dosage				

On receipt of the medication:

1. Check for medical authorisation for insulin i.e. **medication order** or **letter from the prescribing health practitioner**.

2. Refer to the student's current **diabetes management plan** to complete 'Prescribed insulin' and 'Administration via'.

3. Attach the completed **Consent to administer medication** form.

4. Attach the completed **diabetes management plan**.

5. Attach any additional written advice from the prescribing health practitioner.

6. Refer to the student's **diabetes management plan** when administering medication.

7. For students who are approved to self-medicate, the student may co-sign with their supervising staff member instead of two staff members.

8. Advise the parent that they will need to collect any unused medication when it is no longer required to be administered at school.

Date	Time	Glucose Level	Carbs (grams)	Food/drink consumed	Insulin (units administered)	Signatures	
						1.	2.
24/05/2021	11.00am	5mmol/L	20g	1 sandwich, 250mL orange juice	1 unit	-	-

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