

Metabolic Control RCT

Insulin Management Form  
tblPInsManage

PtID	Patient ID: _____
Namecode	Namecode: _____

Record the information below based on what the subject has been using prior to this contact

INSULIN USE

DInsulin	1. Total daily insulin: _____ Units (Average if not constant)
TotLongAct	2. Total daily long-acting insulin (or basal total): _____ Units (Average if not constant)
Apidra	3. Current insulin used: Check all that apply
Detemir	<input type="checkbox"/> Apidra <input type="checkbox"/> Detemir <input type="checkbox"/> Humalog <input type="checkbox"/> Lantus <input type="checkbox"/> Novolog <input type="checkbox"/> NPH <input type="checkbox"/> Regular
Humalog	<input type="checkbox"/> Other _____
Lantus	
Novolog	
NPH	
Regular	
InsOth	4. Insulin delivery: <input type="checkbox"/> Pump <input type="checkbox"/> Injections (If injections complete 5; pump complete 6)*
InsOthDs	
IRoute	5. For injections, number of shots per day: _____ (Usual number if not constant)
DShot	6. Insulin Pump Use
	6a. Type of insulin pump currently being used: _____
PumpName	6b. Length of insulin pump use:
LengthPumpUse	<input type="checkbox"/> <6 mon <input type="checkbox"/> 6 mon -<1 yr <input type="checkbox"/> 1-<2 yrs <input type="checkbox"/> 2-<5 yrs <input type="checkbox"/> ≥5 yrs

CURRENT INSULIN TO CARB RATIOS AND BOLUS INSULIN DOSES

	1. Insulin to Carbohydrate Ratios (Complete units per grams of carbs or check not used):
InsCarbB	1a. Breakfast Insulin to Carb Ratio: 1 unit per ___ grams of carbohydrates <input type="checkbox"/> Not Used
InsCarbBNotUsed	
InsCarbL	1b. Lunch Insulin to Carb Ratio: 1 unit per ___ grams of carbohydrates <input type="checkbox"/> Not Used
InsCarbLNotUsed	
InsCarbD	1c. Dinner Insulin to Carb Ratio: 1 unit per ___ grams of carbohydrates <input type="checkbox"/> Not Used
InsCarbDNotUsed	
InsCarbS	1d. Snack Insulin to Carb Ratio: 1 unit per ___ grams of carbohydrates <input type="checkbox"/> Not Used
InsCarbSNotUsed	
InsCarbBS	1e. Bedtime Snack Insulin to Carb Ratio: 1 unit per ___ grams of carbohydrates <input type="checkbox"/> Not Used
InsCarbBSNotUsed	

	2. Usual Meal Bolus Doses:
UsualInsDoseB	2a. Breakfast: _____
UsualInsDoseL	2b. Lunch: _____
UsualInsDoseD	2c. Dinner: _____
UsualInsDoseS	2d. Snack: _____
UsualInsDoseBS	2e. Bedtime Snack: _____

**TARGET GLUCOSE LEVELS**

TargetGlucDay AcceptGlucDay	1. Target glucose for correction during the day: _____ mg/dL 1a. Acceptable glucose range during the day: _____
TargetGlucNight AcceptGlucNight	2. Target glucose for correction overnight: _____ mg/dL 2a. Acceptable glucose range overnight: _____

**Comments** [FormCmts](#)
