

INSULIN SLIDING SCALE

INSULIN DOSE SCHEDULE FOR: _____

DATE: _____ CLINIC NUMBER: _____

REGULAR/HUMALOG/NOVOLOG INSULIN:

Your pre-meal regular / humalog / novolog insulin doses are:

BLOOD GLUCOSE	BREAKFAST	LUNCH	DINNER	BEDTIME SNACK
0 - 50				
51 - 100				
101 - 150				
151 - 200				
201 - 250				
251 - 300				
301 - 400				
OVER 400				

INTERMEDIATE OR LONG-ACTING INSULIN (NPH / LENTE / ULTRALENTE / GLARGINE)

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ADJUSTMENTS IN THE REGULAR / HUMALOG / NOVOLOG INSULIN DOSE FOR EXERCISE

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OTHER INSTRUCTIONS:

Signature: _____

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PATIENT LABEL



MR.JDCINSSCALE