



USE LABEL OR PRINT

NAME

CH MRN

DOB

DIABETES KETONE CORRECTION PLAN

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Date my diabetes was diagnosed _____;
My weight today is _____ kilograms; my Total Daily Insulin Dose today is _____ units per day.
(consider using less rapid-acting insulin if patient receiving less than 0.5 unit/kg/day or if patient is pre-pubertal)

Do you have stomach or belly pain? Are you sick to your stomach, nauseous or throwing up?
Did you wake up with blood glucose (BG) >250 mg/dL?
Was your BG more than 250 mg/dL on two checks in a row?
Do you feel sick or do you have an infection?
Are you confused or feeling exhausted or drowsy?
Do you have difficulty breathing or have chest pain?
If yes to any of the above, check Ketones!
If ketones are present, inject Humalog or NovoLog by syringe or pen.
Are blood ketones greater than or equal to 3.0 mmol/L or urine ketones large?

If yes, immediately call your care provider

Table with 4 columns: Urine Ketones, Blood Ketones mmol/L, Inject this much Humalog or NovoLog by syringe or pen, and Call (617) 355-6369 to page your diabetes nurse educator when blood ketones are 0.6 or higher or urine ketones are small, moderate or large.

If you use a pump to deliver insulin, inject Humalog or NovoLog using a syringe or pen and then change infusion set, reservoir, and insulin.

- * 10% of total daily insulin dose or 0.1 units/kg
** 15% of total daily insulin dose or 0.15 units/kg
*** 20% of total daily insulin dose or 0.2 units/kg
† blood glucose levels should be lower when you re-check 1 hour later

Signature of Licensed Prescriber (MD/NP) Print Name TIME Date of Order

Signature of Parent or Legal Guardian Relationship to Patient Date of Signature