

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

Insulin Pump Therapy Patient Bedside Logbook

1. Patient (Guardian/Caregiver if under 18) to fill out daily
2. Nurse to sign at the end of every shift to confirm logbook has been completed. Nurse to review and file in patient chart file in patient chart daily.

Date <i>(dd-Mon-yyyy)</i>									
	0800h	0900h	1000h	1100h	1200h	1300h	1400h	1500h	
Blood glucose <i>(mmol/L)</i>									
Ketones positive									
Carbohydrates <i>(grams)</i>									
Meal Bolus & Correction dose <i>(units)</i>									
Basal rate <i>(units/hr)</i>									
Site/set change									
Pump suspended/removed									
Pump reconnected									
	1600h	1700h	1800h	1900h	2000h	2100h	2200h	2300h	
Blood glucose <i>(mmol/L)</i>									
Ketones positive									
Carbohydrates <i>(grams)</i>									
Meal Bolus & Correction dose <i>(units)</i>									
Basal rate <i>(units/hr)</i>									
Site/set change									
Pump suspended/removed									
Pump reconnected									
	2400h	0100h	0200h	0300h	0400h	0500h	0600h	0700h	
Blood glucose <i>(mmol/L)</i>									
Ketones positive									
Carbohydrates <i>(grams)</i>									
Meal Bolus & Correction dose <i>(units)</i>									
Basal rate <i>(units/hr)</i>									
Site/set change									
Pump suspended/removed									
Pump reconnected									

Comments

Signatures		
Nurse signature <i>(end of shift _____ h)</i>	Nurse signature <i>(end of shift _____ h)</i>	Nurse signature <i>(end of shift _____ h)</i>