

Insulin Pump Worksheet

Iowa Diabetes and Endocrinology Center

Name: _____

Please look at your pump and fill this sheet. Thank You!

My basal rates:

Total daily basal _____ units/day

For IDEC use only:
Changes recommended

Basal Rates	Time:	Units/hr:
Segment 1	12:00 AM	
Segment 2		
Segment 3		
Segment 4		
Segment 5		
Segment 6		
Segment 7		
Segment 8		

Time:	Units/hr:
12:00 AM	

My insulin to Carb Ratio (ICR):

1 unit for _____ grams carb for all meals

OR

Breakfast 1 for _____ grams carb

Lunch 1 for _____ grams carb

Dinner 1 for _____ grams carb

My Correction Settings

	Correction Factor /ISF/ Sensitivity Factor*	My Target Blood Sugar Range
For ALL Day		
OR		
Meals		
Bedtime		

* How much 1 unit insulin will drop my blood sugar

I use my bolus wizard: Always Sometimes

My insulin on board / IOB/ Active Insulin/ Insulin Action is set at _____ hours

My Last few total daily doses
