LOS ANGELES UNIFIED SCHOOL DISTRICT
Medical Services Division
DIABETES PROTOCOL LOG

Please Print

STUDENT NAME: LAST _____FIRST_____

STUDENT ID_____ DOB _____/_____/_____ Gender (Select one) ☐Male ☐Female ☐ Non-binary ☐ IEP ☐ 504 ☐ N/A

SCHOOL NAME_____LOCATION CODE_____ Grade: _____

CREDENTIALED SCHOOL NURSE NAME_____EMPLOYEE NUMBER_____

The signature of the service provider certifies under penalty of perjury that the information on this form is true and correct.

CREDENTIALED SCHOOL NURSE SIGNATURE_____DATE:_____

Procedure: Diabetes Management

Authorizing Licensed Healthcare Provider: _____ Telephone Number: _____

Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:
Print Name, title	Employee #:	Signature:	Initials:	Date:

Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long -acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial	Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long -acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial
	BG Unit(s)	CHO Unit(s)							T/S			BG Unit(s)	CHO Unit(s)							T/S	

Updated 01/07/2025

Student Name: Last_____ First_____Date of Birth_____

Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long -acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial	Date/Time	Blood Glucose (BG) & Calculated Insulin dose for Correction	Carbs (CHO) & Calculated Insulin dose for coverage	IOB (Insulin on board)	TOTAL BOLUS INSULIN DOSE GIVEN	Basal Long -acting insulin	Site	Ketones	Hypo Tx/ Baqsimi / Glucagon Injection	Level of Care: Total (T) / Supervised (S)	Nurse Initial / Trained Staff Initial
	BG Unit(s)	CHO Unit(s)							T/S			BG Unit(s)	CHO Unit(s)							T/S	

Updated 1/07/25