



ENDOCRINOLOGY & DIABETES UNIT

Diabetes Clinic: 604-875-2868

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<http://endodiab.bcchildrens.ca>

INSULIN SLIDING SCALE FORM

PATIENT: _____ FAX / E-MAIL: _____

LONG-ACTING INSULIN DOSE

(Humulin N / Novolin NPH / Levemir / Lantus / Toujeo / Basaglar)

Breakfast	Lunch	Supper	Bedtime

SHORT-ACTING INSULIN DOSE

(Humalog / NovoRapid / Apidra)

Blood sugar	Breakfast	Lunch	Supper	Bedtime

OTHER RECOMMENDATIONS

Date: _____

Physician: _____