

MERCY CLINIC MATERNAL FETAL MEDICINE
INSULIN PUMP/MDI FLOW SHEET

Dr. Bartelsmeyer Dr. Mead Dr. Polcaro Dr. Trudell Dr. Vettrai

Patient Name: _____

Due Date: _____ Pregnancy Week: _____

Phone 1: _____ Phone 2: _____

Type of Pump/ model: _____
Type of Insulin: Novolog Humalog Apidra

Please Remember:
 1. Fax blood glucose log Sunday night or Monday AM.
 2. Blood glucose should be sent weekly.
 3. Leave phone numbers so we may easily contact you.
 4. Check and record urine ketones as directed.
 5. Report moderate or large ketones.
 6. All pump patients MUST have a backup plan and syringes.
 7. Pump programming and technical questions should be directed to pump manufacturer (# on back of your pump)

FAX: 314-991-5035 Email: MyMercy Connect
Phone: 314-991-5000 option 5.

Basal Settings		Bolus Settings		Sensitivity	Target
				Correction Factor	
Time:	Dose	Time	Ratio	Time: #	Time: Target
12am	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

GOALS: Fasting 65-95 1 hour After Meals 65-140
Bedtime 80-120 2-3am 60-100

Next US _____ Next OV _____

Date	Fasting	1 Hr Post Breakfast	Lunch	1 Hr Post Lunch	Dinner	1 Hr Post Dinner	Bedtime	3 am	Patient Comments/Notes Ketones/Extra blood sugar checks

Recommendations/Changes					Communication/ Management Plan																																																			
Pump Changes: <table border="1"> <thead> <tr> <th colspan="2">Basal Settings</th> <th colspan="2">Bolus Setting</th> <th rowspan="2">Sensitivity</th> <th colspan="2">Target</th> </tr> <tr> <th>Time</th> <th>Dose</th> <th>Time</th> <th>Dose</th> <th>Time</th> <th>Setting</th> </tr> </thead> <tbody> <tr> <td>12am</td> <td>_____</td> <td>12am</td> <td>_____</td> <td rowspan="6"></td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					Basal Settings		Bolus Setting		Sensitivity	Target		Time	Dose	Time	Dose	Time	Setting	12am	_____	12am	_____		_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Date _____ Physician Signature _____ Completed By _____	
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