

Patient Name \_\_\_\_\_  
Unit # \_\_\_\_\_

**Insulin Pump Log for In-Hospital Use (Appendix B)**

Date: \_\_\_\_\_ Type of Rapid Insulin: \_\_\_\_\_

Make/Model of Insulin Pump: \_\_\_\_\_

|                        | 8am | 9am | 10am | 11am | 12am | 1pm | 2pm | 3pm | 4pm | 5pm | 6pm | 7pm |
|------------------------|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|
| Blood Glucose          |     |     |      |      |      |     |     |     |     |     |     |     |
| Carbohydrates          |     |     |      |      |      |     |     |     |     |     |     |     |
| Meal Bolus             |     |     |      |      |      |     |     |     |     |     |     |     |
| Correction Bolus       |     |     |      |      |      |     |     |     |     |     |     |     |
| Basal Rate             |     |     |      |      |      |     |     |     |     |     |     |     |
| Site Change            |     |     |      |      |      |     |     |     |     |     |     |     |
| Set Change             |     |     |      |      |      |     |     |     |     |     |     |     |
| Pump suspended/removed |     |     |      |      |      |     |     |     |     |     |     |     |
| Pump reconnected       |     |     |      |      |      |     |     |     |     |     |     |     |
| Infusion site intact   |     |     |      |      |      |     |     |     |     |     |     |     |
| Comments               |     |     |      |      |      |     |     |     |     |     |     |     |

|                        | 8pm | 9pm | 10pm | 11pm | 12am | 1am | 2am | 3am | 4am | 5am | 6am | 7am |
|------------------------|-----|-----|------|------|------|-----|-----|-----|-----|-----|-----|-----|
| Blood Glucose          |     |     |      |      |      |     |     |     |     |     |     |     |
| Carbohydrates          |     |     |      |      |      |     |     |     |     |     |     |     |
| Meal Bolus             |     |     |      |      |      |     |     |     |     |     |     |     |
| Correction Bolus       |     |     |      |      |      |     |     |     |     |     |     |     |
| Basal Rate             |     |     |      |      |      |     |     |     |     |     |     |     |
| Site Change            |     |     |      |      |      |     |     |     |     |     |     |     |
| Set Change             |     |     |      |      |      |     |     |     |     |     |     |     |
| Pump suspended/removed |     |     |      |      |      |     |     |     |     |     |     |     |
| Pump reconnected       |     |     |      |      |      |     |     |     |     |     |     |     |
| Infusion site intact   |     |     |      |      |      |     |     |     |     |     |     |     |
| Comments               |     |     |      |      |      |     |     |     |     |     |     |     |

RN Signature (reviewed pump log and verified compliance):

0800 hr: \_\_\_\_\_ 1200 hr: \_\_\_\_\_ 1600hr: \_\_\_\_\_

2200hr: \_\_\_\_\_