

Maternal Fetal Medicine  
Diabetes in Pregnancy  
Insulin Pump Program

Name: \_\_\_\_\_

Phone: (W) \_\_\_\_\_  
(H) \_\_\_\_\_

Due Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

**Insulin to Carb Ratio**

AM: 1 u per \_\_\_\_\_ grams

Noon: 1 u per \_\_\_\_\_ grams

PM: 1 u per \_\_\_\_\_ grams

Bedtime: 1 u per \_\_\_\_\_ grams

**Correction Factor**

1 unit for every \_\_\_\_\_ mg/dl

For glucose > \_\_\_\_\_ mg/dl

**Basal Rates**

1) Time \_\_\_\_\_ - \_\_\_\_\_ rate \_\_\_\_\_ u/hr

2) Time \_\_\_\_\_ - \_\_\_\_\_ rate \_\_\_\_\_ u/hr

3) Time \_\_\_\_\_ - \_\_\_\_\_ rate \_\_\_\_\_ u/hr

4) Time \_\_\_\_\_ - \_\_\_\_\_ rate \_\_\_\_\_ u/hr

5) Time \_\_\_\_\_ - \_\_\_\_\_ rate \_\_\_\_\_ u/hr

6.) Time \_\_\_\_\_ - \_\_\_\_\_ rate \_\_\_\_\_ u/hr

7.) Time \_\_\_\_\_ - \_\_\_\_\_ rate \_\_\_\_\_ u/hr

Target Ranges		60-95 mg/dl	Fasting-60-95 mg/dl After meals-60-120			60-120 mg/dl						60-105 mg/dl			Comments/Concerns
Date	Site Change *	3 am	BREAKFAST			LUNCH			DINNER			BEDTIME			
		Glucose	Before	Bolus	After	Before	Bolus	After	Before	Bolus	After	Glucose	Bolus		

Please fax weekly blood sugars by 11 am on either Monday or Wednesday. The University Perinatal Consultants fax number is 614-366-4241.

**Feel free to call with any questions or concerns:**

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