Signeringslista insulin och P-glukos

|  |  |
| --- | --- |
| Namn: | Person nr. |

Insulin enligt ordinationshandling/läkemedelslista följande tid/tider:

Blodsockerkontroll. Ange dag, klockslag

År:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datum | Klockslag | P-glukos | Ange insulinsort samt antal givna enheter | Signatur |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Signeringslista insulin och P-glukos

|  |  |
| --- | --- |
| Namn: | Person nr. |

Insulin enligt ordinationshandling/läkemedelslista följande tid/tider:

Blodsockerkontroll. Ange dag, klockslag

År:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Datum | Klockslag | P-glukos | Ange insulinsort samt antal givna enheter | Signatur |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |