Signeringslista insulin och P-glukos

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| Namn:  | Person nr.  |

Insulin enligt ordinationshandling/läkemedelslista följande tid/tider:

Blodsockerkontroll. Ange dag, klockslag

År:

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