U-500 Conversion Sheet

Date:_____

Patient Name:_____ DOB: _____ Clinician _____

Basal Rate				Notes
Time	U100 Dose	Divide by 5	U-500 Dose	
1-		/5		
2-		/5		
3-		/5		
4-		/5		
5-		/5		
6-		/5		

Bolus				Notes
	U100 Dose	Multiply by 5	U-500 Dose	
Carb Ratio		X5		
Time 1-		X5		
Time 2-		X5		
Time 3-		X5		
Correction Factor		X5		
Time 1-		X5		
Time 2-		X5		
Time 3-		X5		

Sliding Scale	For Injections			Notes
BG	U100 Dose	Divide by 5	U-500 Dose	
1-		/5		
2-		/5		
3-		/5		
4-		/5		
5-		/5		
6-		/5		