

Year _____ Session/Program _____
Cabin _____

**INSULIN INJECTION
DOSE INFORMATION**

Name _____ Age _____ Weight (lbs) _____

Type of insulin (circle) Humalog Novolog Apidra Regular

Humilin NPH Novolin NPH Lantus Levimir

Does your child perform blood glucose monitoring independently? Yes No Does your child self-inject? Yes No

Does your child take insulin before or after meals? _____ What sites does your child use for insulin injections? _____

Please recommend insulin doses based on an ACTIVE day

Type of long acting insulin: _____ Amount/Time Given: _____ Amount/Time Given: _____ Amount/Time Given: _____

Insulin/CHO ratios are used for short acting insulin to cover meals and snacks

Breakfast Insulin/CHO _____ Lunch Insulin/CHO _____ Dinner Insulin/CHO _____ Snacks Insulin/CHO _____

Correct to _____ Correction factor _____ mg/dl: _____ units

Sliding Scale is used to cover corrections and meals. (Please fill in dose of insulin for corresponding blood sugar range.)

Blood Glucose	Breakfast	Snack	Lunch	Snack	Supper	Bed	Special Instructions
<70							
70 - 100							
101 - 150							
151 - 200							
201 - 250							
251 - 300							
> 300							

This form was completed by _____ Date: _____

NOTE: At all Barton Center programs, insulin whether by injection or pump, must be administered under the supervision of a qualified staff member.

*** **INSULIN INJECTION USERS PLEASE COMPLETE OTHER SIDE** →

**INSULIN PUMP
DOSE INFORMATION**

Year _____ Session/Program _____

Cabin _____

Name _____ Age _____ Weight (lbs) _____ Pump Start Date _____
(Last) (First)

Pump brand and model: _____ Type of Insulin: Humalog Novolog Apidra Regular

Camper can change own infusion set: YES NO Partial Camper can draw up cartridge of insulin: YES NO uses pre-filled

Camper primes after disconnecting: YES NO How much? _____ **Have you changed the home dose to the camp dose? YES NO**

Date of last site change: _____ Usual sites used: _____

HOME DOSE

Breakfast CHO/Insulin _____ Lunch CHO/Insulin _____

Dinner CHO/Insulin _____ Snacks CHO/Insulin _____

Correct to _____ Correction Factor _____ mg/dl: _____ units

Basal :

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

Recommended CAMP DOSE

(based on an active day)

Breakfast CHO/Insulin _____ Lunch CHO/Insulin _____

Dinner CHO/Insulin _____ Snacks CHO/Insulin _____

Correct to _____ Correction Factor _____ mg/dl: _____ units

Basal :

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

From _____ to _____ units/hr

Special Instructions: _____

Please remember to bring the following:

- enough supplies for one set change per day
- extra batteries
- clips, cases, etc.
- any injecting devices
- *Label all supplies with name of camper

This form was completed by _____ DATE _____

NOTE: At all Barton Center programs, insulin whether by injection or pump, must be administered under the supervision of a qualified staff member.

**** **INSULIN PUMP USERS PLEASE COMPLETE OTHER SIDE** ****