

# CURRENT INSULIN PLAN

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

Does your child perform blood glucose monitoring independently?  Yes  No      Does your child give his/her own injections?  Yes  No

Does your child wear a continuous glucose monitor (CGM)?  Yes  No      If yes, which device? \_\_\_\_\_

## Basal/Bolus Insulin Plan

Long-Acting Insulin Name:	Time:  Amount:	Time:  Amount:
Intermediate-Acting Insulin Name:	Time:  Amount:	Time:  Amount:

Rapid-Acting Insulin Name:

	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Bedtime
Carbohydrate Ratio							
Correction Factor							
Target							

## Sliding Scale Insulin Plan (May attach a copy of what you use at home):

Glucose	Breakfast	Lunch	Dinner	Bedtime

<p><b>Long-Acting Insulin name, amount, and time:</b></p> <p><b>Intermediate-Acting Insulin name, amount, and time:</b></p> <p><b>Rapid-Acting Insulin name:</b></p>
--

# CURRENT INSULIN PLAN

## INSULIN PUMP

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PUMP START DATE: \_\_\_\_\_

PUMP TYPE: \_\_\_\_\_ INSULIN: \_\_\_\_\_

Camper can change own infusion set: Yes  No  Partial  Camper can fill pump reservoir: Yes  No

Does your child wear a continuous glucose monitor (CGM)?  Yes  No If yes, which device? \_\_\_\_\_

Date of last site change: \_\_\_\_\_ Infusion set used: \_\_\_\_\_

Basal	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
Basal rates:																									

	Breakfast				Snack			Lunch			Snack			Dinner			Snack		Bedtime						
Bolus	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p	
Carbohydrate Ratio																									
Correction Factor																									
Target																									