CURRENT INSULIN PLAN – DAY CAMP

2024

NAME:	ME:		DATI	Ε:	PROGRA	M:	
Does your child perform	n blood glucose	monitoring ind	ependently? 🗆 Y	'es □ No	Does your child	d give his/her	own injections? □ Yes □ N
Does your child wear a d	continuous gluc	cose monitor (C	GM)? □ Yes □	No	If yes, which device?		
Does your child use a no we can care for your chi			your child parti	cipating in	an associated clinica	l trial? If yes,	please provide details so
Does your child perform	sensor change	s independently	7? Yes□ No □				
			Basal/Bolus	Insulin P	Plan		
Long-Acting Insulin Name:	Time:	Time:					
		Amount:	Amount:				
Intermediate-Acting Insulin		Time:	Time:				
Name:		Amount:	Amount:				
Rapid-Acting Insulin Na		G 1	T 1	G 1	D:	G 1	D. I.
Carbohydrate Ratio	Breakfast	Snack	Lunch	Snack	Dinner	Snack	Bedtime
Correction Factor							
Target							
	Sliding S	Scale Insulin	<u>Plan (May att</u>	ach a copy	y of what you use	at home):	
Parent/Guardian Signat	ure:						
Date:							
State-authorized Medica	al Provider Sign	nature:					
Date:							

CURRENT INSULIN PLAN – DAY CAMP

INSULIN PUMP

NAME:								AGE	}:		PUM	P ST	ART	DAT]	E:				_					
PUMP/INFUSION SET TYPE:								INSULIN:															_	
Camper can cha	inge o	wn in	fusio	n set:	Yes [□ No	□ Pa	rtial		Can	iper o	can fi	ll pun	np re	servo	ir: Ye	es 🗆 1	No 🗆						
Does your child	wear	a con	tinuo	us glı	ıcose	moni	tor (C	CGM))? 🗆	Yes [□No		If y	es, wł	nich d	levice	?							
Camper can cha	inge o	wn se	ensor	Yes	□ No			Date	of las	st site	chan	ge:				Date	e of la	ıst sei	isor c	hang	e:			
Basal	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1р	2р	Зр	4р	5p	6р	7p	8p	9p	10p	11p
Basal rates:																								
							_	Bre	akfas	t	Snac	k	Lunc	h	Sr	nack		Dinı	ner	Sr	ack	Bed	dtime	5
Bolus	12a	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1р	2р	3р	4р	5р	6р	7p	8р	9р	10p	11p
Carbohydrate Ratio																								
Correction Factor																								
Target																								
Parent/Guardia Date:															•									
Oate:																								