

DIABETES INFORMATION FORM

MUST be signed and dated by a physician.

The League ~ Camping & Therapeutic Recreation

1111 E. Cold Spring Lane, Baltimore, MD 21239 ~ 410-323-0500

MUST BE COMPLETED WITHIN 1 YEAR OF ATTENDANCE!

Participants Name: _____ DOB: _____

Participants Address: _____
Street City/State Zip

Type of Diabetes (Please explain)

Insulin Orders

1. Name of Insulin: _____

2. Insulin is administered via: Syringe/vial Insulin pen Insulin pump Other: _____

If Insulin pump: Type of pump: _____ Basal rates: _____

3. Insulin given before meals:

Insulin is given at the following doses:

Routine dose: _____

Per sliding scale as follows:

Blood Glucose _____ to _____ give _____ units

Blood Glucose _____ to _____ give _____ units

Blood Glucose _____ to _____ give _____ units

Blood Glucose _____ to _____ give _____ units

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Blood Glucose _____ to _____ give _____ units

Blood Glucose _____ to _____ give _____ units

Calculated Insulin dose (**add** carbohydrate coverage and correction dose for total insulin dose):

Carbohydrate coverage : Insulin to carbohydrate ratio

Give _____ unit(s) insulin per _____ gms carbohydrate

Correction:

Give _____ unit(s) insulin per _____ mg/dl of glucose **above** _____ mg/dl

Subtract _____ unit(s) for every _____ mg/dl of glucose **below** _____ mg/dl

Insulin may be given after meals if: _____

4. Other times insulin may be given:

Snack: Dose: _____ Calculated as above

Ketones: If ketones are _____ give/add _____ unit(s)

If ketones are _____ give/add _____ unit(s)

Blood Glucose Monitoring

Target range for blood glucose monitoring at camp: _____

Before meals Before snacks As needed with symptoms of hypo/hyperglycemia

_____ hours after meals _____ hours after a correction dose With signs/symptoms of illness

Other:

Hypoglycemia- blood glucose less than _____

- Self treatment for mild lows
- Give _____ grams of fast-acting carbohydrate according to care plan. Recheck BG is 10-15 minutes. Repeat treatment if BG less than _____ mg/dl
- Provide extra protein & carbohydrate snack after treating low if next meal/snack is greater than _____ min. away
- Suspend pump for severe hypoglycemia for _____ min.

If camper is unconscious, having a seizure, or is unable to swallow, presume they having low blood sugar. Call 911, notify guardian, and:

- Glucagon injection (1mg in 1cc) _____ mg, subcutaneously or intramuscular
- OK to use glucose gel inside cheek, even if unconscious or seizing
- Other:

Hyperglycemia- blood glucose greater than _____

- Check urine ketones, follow care plan, administer insulin as per orders
 - For pumps, insulin may be given by syringe or pen if needed.
- Encourage sugar free fluids, at least _____ ounces per _____
- If camper complains of nausea, vomiting, or abdominal pain, check urine ketones & insulin administration orders.
- Other:

Meal Plan

- Breakfast time: _____
- Lunch time: _____
- Dinner time: _____
- Snack times: _____
- Avoid snack if blood glucose greater than _____ mg/dl

Please list any specific diet requirements and/or restrictions:

Transportation

- Blood glucose monitoring not required prior to boarding vehicle
- Check blood glucose 15 minutes prior to boarding vehicle
- Allow participant to eat on vehicle if having symptoms of low blood glucose
- Other:

Specific requirements for monitoring the participant's recreational activities

Health Care Provider Assessment

Camper can self-perform the following procedures (Health Center team and guardian must verify competency):

- Blood glucose monitoring
- Determining insulin dose
- Measuring insulin
- Injecting insulin
- Independently operating insulin pump
- Other:

⇒PHYSICIAN SIGNATURE: _____ Date: _____

Physician's Name/Title (printed): _____

Address: _____ Phone Number: _____

Legal Guardian Signature: _____ Date: _____

**Be sure to use this form as a supplement to the Pink Medication Form.
Both forms MUST be completed prior to the participant's arrival.**