CAMP UNTIL A CURE

Insulin Detail: Multiple Daily Injections

Camper Name: ______



Correction Dose exan	nple: (Blood Suga	ar – BG TARGET) / CORRECTIO	N FACTOR =	Units	
Time:	ne: Correction Factor/Sensitivity:			BG Target:		
Time:	me: Correction Factor/Sensitivity:			BG Target:		
Time:	me: Correction Factor/Sensitivity:			BG Target:		
Time:	me: Correction Factor/Sensitivity:			BG Target:		
Time:	Correction Fact	or/Sensitivity:		BG Target:		
Carb Ratio example:	1 unit of insulin fo	or every 15 car	bs eaten			
Time: 1 Unit:	Carbs		Time:	1 Unit:	Carbs	
Time: 1 Unit:	Carbs		Time:	1 Unit:	Carbs	
Time: 1 Unit:	Carbs		Time:	1 Unit:	Carbs	
Time: 1 Unit:	Carbs		Time:	1 Unit:	Carbs	
Long Acting Insulin	emir 🗌 Basa	glar 🗌 Tres	iba 🗌 Touj	eo 🗌 Othe	r	
Time Given: I		Units:		_		
Time Given:		Units:		_		
Short Acting Insulin Novolog Humalog Fiasp Apidra						
Lyumjev						

*In the event that DYFI does not have your child's brand of insulin readily available, our medical team will switch him or her to a comparable alternative.