

CAMP UNTIL A CURE

Insulin Detail: Pump



Camper Name: _____

Pump Model

- | | |
|--|---|
| <input type="checkbox"/> Omnipod Dash | <input type="checkbox"/> Medtronic 770g |
| <input type="checkbox"/> Omnipod 5 | <input type="checkbox"/> Medtronic 780g |
| <input type="checkbox"/> Tandem t:slim | <input type="checkbox"/> iLet Bionic Pancreas |
| <input type="checkbox"/> Tandem Mobi | |

Correction Dose

Time: _____	Correction Factor/Sensitivity: _____	BG Target: _____
Time: _____	Correction Factor/Sensitivity: _____	BG Target: _____
Time: _____	Correction Factor/Sensitivity: _____	BG Target: _____
Time: _____	Correction Factor/Sensitivity: _____	BG Target: _____
Time: _____	Correction Factor/Sensitivity: _____	BG Target: _____

Carb Ratio

Time: _____ 1 Unit: _____ Carbs	Time: _____ 1 Unit: _____ Carbs
Time: _____ 1 Unit: _____ Carbs	Time: _____ 1 Unit: _____ Carbs
Time: _____ 1 Unit: _____ Carbs	Time: _____ 1 Unit: _____ Carbs

Basal Rates

Time: _____ Units	Time: _____ Units
Time: _____ Units	Time: _____ Units
Time: _____ Units	Time: _____ Units
Time: _____ Units	Time: _____ Units

Short Acting Insulin

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Novolog | <input type="checkbox"/> Apidra |
| <input type="checkbox"/> Humalog | <input type="checkbox"/> Lyumjev |
| <input type="checkbox"/> Fiasp | <input type="checkbox"/> Other: _____ |

**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.*