



# INSULIN CARD FOR PUMPERS

**PLEASE DO NOT SEND THIS CARD INTO THE DYF OFFICE BEFORE CAMP**

PLEASE COMPLETE THIS FORM THE NIGHT BEFORE CAMP AND HAND IT TO CAMP STAFF WHEN YOU DROP OFF YOUR CHILD. Indicate your child's usual home doses. Please note that camp is extremely active and your child's insulin doses will be changed.

Child's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Years with T1D: \_\_\_\_\_ Weight (lbs.): \_\_\_\_\_

Type of insulin used at home (please circle): **Novolog** **Humalog** **Apidra** **Fiasp** **Other:** \_\_\_\_\_ Insulin Action Time (hours): \_\_\_\_\_

Type of Pump: \_\_\_\_\_ Type of Infusion Set: \_\_\_\_\_

Please have your child/teen change their pump site at home the day camp begins. If this is not possible, please do a set change no earlier than the day before the session begins.

**Basal Rates:**

Time	12am								
Basal Rate									

**Sensitivity:**

(Ex: 1 u lowers blood sugar 25 mg/dl)

Time	12am								
Sensitivity									

**Carb Ratio:**

(Ex: 1u:10g)

Time	12am								
Carb Ratio									

**Target Range:**

(Ex: 100-180)

Time	12am								
Target Range									

<p><u>Pump Information</u></p> <p>Date of last set change: _____</p> <p>Date reservoir was last filled: _____</p> <p>TOTAL daily basal rate: _____</p> <p>Change set every _____ days</p>	<p><b>For Medtronic 670G Users Only</b></p> <p>Over Last 14 days:</p> <p>Average daily dose: _____ units</p> <p>Percent of the time the pump is in Automode: _____%</p> <p>Percent of time in range: _____%</p> <p>*Please be sure to fill in the chart above for Manual Mode settings</p>	<p><u>Type of CGM (Continuous Glucose Monitor):</u></p> <p>_____ <b>My child will not wear a CGM at camp</b></p> <p>Date of last sensor change: _____</p> <p>Do you restart sensors? Yes / No</p>
<p><b>Any suggestions for changing insulin amounts at camp based on increased activity levels?</b></p>	<p><b>Please list all current medications (with dose and time) that your child will be taking at camp.</b></p>	<p><b>Please list all allergies, including food, medication, etc.</b></p>