



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><u>For Medtronic 670G and Tandem Control IQ Users</u></p> <p>Does your child use the Auto Mode/Control IQ features of the pump? Yes / No</p> <p>Please fill in the chart above for manual settings, even if your child is typically in Auto Mode/Control IQ.</p>	<p><u>CGM: Continuous Glucose Monitor (circle one):</u></p> <p>Dexcom G5 Dexcom G6 Libre</p> <p>Enlite Guardian 3 (670G pump)</p> <p>My child will not wear a CGM at camp</p> <p>Date of last sensor change: _____</p>
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<p>Any suggestions for changing insulin amounts at camp based on increased activity levels?</p>	<p>Please list all current medications (with dose and time) that your child will be taking at camp.</p>	<p>Please list all allergies, including food, medication, etc.</p>
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