

# 2021 CAMPER MEDICAL FORM

(To be filled out by nephrologist office)

Camper's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt.: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Other Diagnoses: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please describe any **current medical problems**. \_\_\_\_\_

PHYSICAL EXAM significant findings \_\_\_\_\_

## MEDICATIONS

Name:	Dose:	Route:	Frequency:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is the child's development appropriate for his/her age?  Yes  No

If no, at what age does s/he function? \_\_\_\_\_

Pertinent Psychosocial Information, including any behavior problems that would affect child's participation in a group.

Please specify any camp activity restrictions \_\_\_\_\_

Physician's Statement: I have examined this child and find him/her physically able to attend camp.

I understand that the above Treatment Plan will be followed at camp, unless other orders are received.

**A copy of the most recent NEPHROLOGY OFFICE NOTES is also required**

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment Center

\_\_\_\_\_  
Emergency number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Physician's email address



(Camp Boggy Creek fax 352-483-2959)

# Camper with Kidney Disease Form

(Most be completed by Nephrology office)



Camper Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Is child on dialysis?  Yes  No      Type of dialysis  Hemodialysis  Peritoneal

Schedule of dialysis (i.e. MWF or 6 out of 7 days): \_\_\_\_\_

Etiology of ESRD: \_\_\_\_\_

Home dialysis unit: \_\_\_\_\_ Contact person: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Most recent lab data:              Date: \_\_\_\_\_

Na<sup>+</sup> \_\_\_\_\_ K<sup>+</sup> \_\_\_\_\_ Cl<sup>-</sup> \_\_\_\_\_      BUN \_\_\_\_\_ Creat \_\_\_\_\_

Ca<sup>++</sup> \_\_\_\_\_ Phos \_\_\_\_\_ Alb \_\_\_\_\_      Cholesterol profile \_\_\_\_\_

HCO<sub>3</sub><sup>-</sup> \_\_\_\_\_      Hgb \_\_\_\_\_ Hct \_\_\_\_\_ WBC \_\_\_\_\_ Platelets \_\_\_\_\_

Hepatitis status and liver function results: \_\_\_\_\_

HIV status \_\_\_\_\_ Date \_\_\_\_\_ Other pertinent results \_\_\_\_\_

Transfusion reactions: Date \_\_\_\_\_ Product given: \_\_\_\_\_

Special dietary Rx:      Protein \_\_\_\_\_ Na<sup>+</sup> \_\_\_\_\_ K<sup>+</sup> \_\_\_\_\_ Phos \_\_\_\_\_

Fluid limit \_\_\_\_\_ Supplements? \_\_\_\_\_

## **KIDNEY TRANSPLANT CAMPERS ONLY**

Date of transplant: \_\_\_\_\_ Date of last rejection episode: \_\_\_\_\_

Details \_\_\_\_\_

Will labs need to be checked while at camp?  Yes  No

If yes, FAX results to: \_\_\_\_\_ Contact person \_\_\_\_\_

Phone: \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Camper Name \_\_\_\_\_

### HEMODIALYSIS INSTRUCTIONS

Access type: Catheter \_\_\_\_\_ Fistula \_\_\_\_\_ Graft \_\_\_\_\_

Site: \_\_\_\_\_

Cath. vol.: \_\_\_\_\_ cc Arterial \_\_\_\_\_ cc Venous Lines: Adult \_\_\_\_\_ Pediatric \_\_\_\_\_

Dialyzer \_\_\_\_\_ Dialyzer surface area \_\_\_\_\_

Any dialyzer adverse reactions? \_\_\_\_\_

Treatments per week \_\_\_\_\_ Length of treatment \_\_\_\_\_

Dialysate Na<sup>+</sup> \_\_\_\_\_ K<sup>+</sup> \_\_\_\_\_ Ca<sup>++</sup> \_\_\_\_\_ Bicarb/acetate \_\_\_\_\_

Na<sup>+</sup> modeling? Yes \_\_\_\_\_ No \_\_\_\_\_ Details: \_\_\_\_\_

Use of Lidocaine or EMLA? \_\_\_\_\_ Details: \_\_\_\_\_ QB \_\_\_\_\_ Dry wt \_\_\_\_\_

Heparinization: Initial \_\_\_\_\_ units, Maint. \_\_\_\_\_ units, Total \_\_\_\_\_ Stop time \_\_\_\_\_

Medications during dialysis: Epogen \_\_\_\_\_ Calcijex \_\_\_\_\_ Other \_\_\_\_\_

Usual pretreatment BP: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Usual post treatment BP: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Usual weight gain between dialysis \_\_\_\_\_ Usual UF achieved \_\_\_\_\_

Usual treatment for: Cramping? \_\_\_\_\_ Hypotension? \_\_\_\_\_

Any behavioral concerns during treatment? \_\_\_\_\_

### PERITONEAL DIALYSIS INSTRUCTIONS

What brand of cycler does the camper use? \_\_\_\_\_

What brand of supplies does camper use? \_\_\_\_\_

Company providing supplies? \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

Who does the treatments for the patient? \_\_\_\_\_

Has patient had peritonitis? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates and Treatment of most recent episode: \_\_\_\_\_

Campers showing S&S of peritonitis will be treated according to our protocol. Please specify any antibiotics/treatments you prefer not be used: \_\_\_\_\_

Usual additives: \_\_\_\_\_ Exit site protocol: \_\_\_\_\_ Tape sensitivity? \_\_\_\_\_

Special precautions for swimming \_\_\_\_\_

(our protocol calls for site cleansing and dressing change after every swim)

CAPD: Vol \_\_\_\_\_ Schedule \_\_\_\_\_ Dialysate Conc \_\_\_\_\_

CCPD: Vol of exchange \_\_\_\_\_ # of exchanges \_\_\_\_\_ Cycler type \_\_\_\_\_

Dialysate: # liters 1.5%: \_\_\_\_\_ # liters 2.5%: \_\_\_\_\_ # liters 4.25%: \_\_\_\_\_

Exchange times: Fill \_\_\_\_\_ Dwell \_\_\_\_\_ Drain \_\_\_\_\_ Tubing - Adult/Peds? \_\_\_\_\_

Daytime dwell? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, volume \_\_\_\_\_ Conc \_\_\_\_\_

