Camp Boggy Creek -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 _____

This child may interact with animals at the Camp petting farm ❍ **Yes** ❍ **No**

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, PA, ARNP **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^+ _____ K^+ _____ Cl^- _____ BUN _____ Creat _____

Ca^{++} ____ Phos_____ Alb_____ Cholesterol profile _____

HCO_3^- _____ 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^+ _____ K^+_____ 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, PA, ARNP **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^+_____ K^+_____ Ca^{++}____ Bicarb/acetate_____

Na^+ 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_____

CAMP Boggy CREEK