

**Camper** (Last Name, First Name): \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Session(s):** \_\_\_\_\_

## Diabetes Supplies Form

Through the generous support of the manufacturers, DYFI is able to provide insulin and testing supplies for our campers. Please complete this form to help assure that we have the correct supplies on hand for your child. **At this time infusion sets and other insulin pump related supplies need to be brought from home.**

**Insulin:** Please check all insulins your child uses.

Eli Lilly

- Lispro (Humalog)
- Regular (Humulin)
- NPH (Humulin)
- Other:

Novo Nordisk

- aspart (Novolog)
- Regular (Novolin)
- NPH (Novolin)
- Levemir
- Other:

Aventis

- glulisine (Apidra)
- glargine (Lantus)

**Lancets and Blood Glucose Meters:** We cannot allow campers to use their own lancet devices for safety reasons and to enable glucose testing to run smoothly. We also supply all meters.

**Injection Method:**

- Pen       Syringe       Insulin Pump, Brand: \_\_\_\_\_

**For Pen & Syringe Users (Pump Users Skip To Page 3):**

Long Acting Insulin Dose:      units in AM      units at Supper      units at Bedtime

**Fast Acting Dose: Insulin to Carbohydrate Ratios:**

_____ units cover	_____ grams of carbs at breakfast
_____ units cover	_____ grams of carbs at lunch
_____ units cover	_____ grams of carbs at supper
_____ units cover	_____ grams of carbs at snacks

**Correction Formula** for Blood Sugars Greater than Target (Example: High BG – Target BG/Correction)

(Blood Sugar - \_\_\_\_\_) / \_\_\_\_\_ = # of units of insulin

OR

**Correction Scale** for Blood Sugars Greater than Target (Example: 121-160 = add 1 unit)

_____ --	= add	_____ unit(s)
_____ --	= add	_____ unit(s)
_____ --	= add	_____ unit(s)
_____ --	= add	_____ unit(s)
_____ --	= add	_____ unit(s)
Above _____	= add	_____ unit(s)

OR

**Different Correction Formulas Based Off of Time of Day**

Time of Day	Target BG	Insulin Sensitivity
Breakfast		
Lunch		
PM Snack		
Dinner		
Bedtime Snack		
Overnight		
Example	120	45

\*Insulin sensitivity: Dividing # or how many blood sugar points will 1 unit of insulin decrease your blood sugar

Other Comments:

**Camper (Last Name, First Name):** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Session(s):** \_\_\_\_\_

**For Pump Users (Pen/ Syringe Users Skip This Section):**

**Basal Rates:** (Example: Start Time: 3:00 a.m. Units/Hr 0.5)

Start Time: Midnight Units/Hr  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**Bolus Dosages:** (Example: Start Time: 4:00 p.m. 1 unit of insulin per 8 grams of carbs)

Start Time: Midnight 1 unit of insulin per grams of carbohydrates  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Insulin Sensitivity/ Correction Factor:** (Example: Start Time: 6:00 a.m. 1 unit will lower by 50 mg/dL)

Start Time: Midnight 1 unit of insulin will lower blood glucose by mg/dL  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Blood Glucose Target Levels/ Ranges:** (Example: Start Time: from 9:00 p.m. target is 120-150)

Start Time: from Midnight target is  
from target is  
from target is  
from target is  
from target is  
from target is  
\_\_\_\_\_

Active Insulin: \_\_\_\_\_ hours