INSULIN DETAIL (PARENTS)

Parents, please complete this form and

Return form with camp application

DYF camp, 817 South Tibbs Ave, Indianapolis, IN 46241
Fax# 317-243-4488 – If you have any **questions** call Dave Dozier @ 317-224-0190 (M-F, 8A – 3P) or ddozier@tkoi.com

Name _____

DOB _____

1) Circle *all that apply*: Pen - Type_____
Syringe Pump-Make/Model_____

INSULINS

Humalog Novolog Apidra Humulin R Novolin R

Humulin N Novolin N Levemir Lantus Other:_____

Novolog 70/30 Novolin 70/30 Humalog 75/25 Humulin 70/30

2) If taking insulin by syringe or pen, please complete this section:

Long acting insulin dose: Circle type (NPH / Lantus/ Levemir):

____ units in the AM ____ units at supper ____ units at bedtime

Fast acting insulin dose (Novolog/Humalog):

Insulin to Carbohydrate ratio:
__ unit covers ____ grams of carbs at breakfast
__ unit covers ____ grams of carbs at lunch
__ unit covers ____ grams of carbs at supper
__ unit covers ____ grams of carbs for snacks

Plus the following correction scale for blood sugars greater than target:
(e.g. 121-160 = add 1 unit)

____-____ = add __ unit
____-____ = add __ unit
____-____ = add __ unit
____-____ = add __ unit
____-____ = add __ unit
above ____= add __ unit

OR **Correction Formula for high Blood Sugar:**

Name _____

DOB _____

(Blood Sugar – _____) / _____ =

Units of Insulin

Target Insulin Sensitivity*

EXAMPLE: (Blood Sugar – **110**) / **30** = Units of **Humalog**

B): if your child uses different correction formulas depending on time of day, please fill in below:

Time of Day	Blood Glucose Target	Insulin Sensitivity*
Breakfast		
AM Snack		
Lunch		
PM Snack		
Dinner		
Bedtime Snack		
Overnight		
EXAMPLE:	*120*	*45*

*Insulin Sensitivity = "dividing number", or how many blood sugar points will 1 unit of insulin decrease your blood sugar.

3) If your syringe/pen insulin regimen is different than above, then write it here:

4) If using an insulin pump, please complete this section:

Basal Rate(s):

Start time midnight__ units/hr _____
Start time _____ units/hr _____
Start time _____ units/hr _____
Start time _____ units/hr_____
Start time _____ units/hr _____
Start time _____ units/hr _____
Start time _____ units/hr _____
Start time _____ units/hr _____ *EXAMPLE: 3:00 AM unit/hr 0.5*

Name _____

DOB _____

Bolus Dosages:

Start time: midnight 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate
Start time: _____ 1 unit of insulin per _____ grams of carbohydrate

EXAMPLE: 4:00 pm 1 unit of insulin per 8 grams of carbohydrate

Insulin Sensitivity/Correction Factor:

Start time: midnight 1 unit of insulin will lower blood glucose by _____mg/dl
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL
Start time: _____ 1 unit of insulin will lower blood glucose by _____ mg/dL

EXAMPLE: 6:00 AM 1 unit of insulin will lower blood glucose by 50 mg/dl

Blood Glucose Target Levels/Ranges:

Start time: from midnight target is _____
Start time: from _____ target is _____
Start time: from _____ target is _____
Start time: from _____ target is _____
Start time: from _____ target is _____
EXAMPLE: from 9:00 PM target is 120-150

Active insulin: _____hours