



True Friends
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Cabin _____
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Diabetes Management Plan & Participant Questionnaire

To avoid service interruptions, we require this form to be on file before attending any True Friends program.

Name: _____ Date of Birth: _____ Dates Plan in Effect: _____
Emergency Contact: _____ Home #: _____ Cell#: _____
Treating Physician: _____ Phone #: _____
Signature of Treating Physician: _____ Date: _____

Blood Glucose Monitoring

Target range for blood glucose is: ___ 80-180 ___ Other: _____
When to check blood glucose: ___ Before breakfast ___ Before lunch ___ Before dinner ___ Before snacks
When to do extra blood glucose checks: ___ Before exercise ___ After exercise ___ When showing signs of low blood glucose
___ When showing signs of high blood glucose ___ Other: _____

Insulin Plan

What type of insulin regimen is used?: ___ Insulin pump ___ Multiple daily injections ___ Fixed insulin doses
*Please complete specific action plan below based on regimen used.
Type of insulin used at home: ___ Regular ___ Apidra ___ Humalog ___ Novolog ___ NPH ___ Lantus ___ Levemir ___ Mix
___ Other: _____

Plan A: Insulin Pump

1. Always use the insulin pump bolus wizard: ___ Yes ___ No
If no, use insulin carbohydrate ratio and correction factor dosage on Plan B.
2. Blood glucose must be checked before participants eats and will:
___ Be sent to the pump by the meter
___ Need to be entered into the pump
3. The insulin pump will calculate the correction dose to be delivered before the meal/snack.
4. After the meal/snack, enter the total number of carbohydrates eaten at that meal/snack. The insulin pump will calculate the insulin dose for the meal.
5. Contact parent/guardian with any concerns.

For a list of definitions of terms used in this document, please see the reverse side.

*Providers will compare insulin: carbohydrate ratio and correction dosage under Plan B section for ALL pump users.

Plan B: Multiple Daily Injections

1. Participant will receive a fixed dose of: _____ long-acting insulin at _____ am/pm ___ Yes ___ No
2. Follow blood glucose monitoring plan above.
3. Use _____ insulin for meals and snacks. Insulin dose for food is: ___ unit(s) for meals OR ___ unit(s) for every _____ grams carbohydrate.
4. If blood glucose is above target, add correction dose to:
___ Breakfast ___ Lunch ___ Snack
___ Snack Other: _____

Use the following correction factor _____ or this scale
___ unit(s) if BG is _____ to _____
___ unit(s) if BG is _____ to _____
___ unit(s) if BG is _____ to _____
___ unit(s) if BG is _____ to _____

Only add correction dose if it has been 3 hours since the last insulin administration.

Plan C: Fixed Insulin Doses

1. Child will receive a fixed dose of long acting insulin? ___ Yes ___ No
If yes, give participant _____ unit(s) of _____ insulin at _____.
2. Insulin correction dose at camp (_____ insulin)?
3. If blood glucose is above target, add correction does to:
___ Breakfast ___ Snack
___ Lunch ___ Snack
___ Other: _____

Use the following correction factor _____ or the following scale:
___ unit(s) if BG is _____ to _____
___ unit(s) if BG is _____ to _____
___ unit(s) if BG is _____ to _____
___ unit(s) if BG is _____ to _____

Only add correction dose if it has been three hours since the last insulin administration.

Managing Very Low/Very High Blood Glucose – resumes on next page.

Managing Very Low Blood Glucose

Hypoglycemia Plan for Blood Glucose less than _____ mg/dl

1. Give 15 grams of fast acting carbohydrates.
2. Recheck blood glucose in 15 minutes.
3. If still below 70 mg/dL, offer 15 grams of fast acting carbohydrate, check again in 15 minutes.
4. When the participant's blood glucose is over 70, provide 15g of carbohydrate as snack. Do not give insulin with this snack.
5. Contact parent/guardian any time blood glucose is less than _____ mg/dL while at True Friends.

Usual symptoms of hypoglycemia for you includes:

Shaky Fast Heartbeat Sweating
 Anxious Hungry Headache
 Dizzy Blurry Vision Fatigue
 Irritable Other: _____

1. If you suspect low blood glucose, check blood glucose!
2. If blood glucose is below _____, follow the plan above.
3. If the individual is unconscious, having a seizure or unable to swallow:
 - Give glucagon, Mix liquid and powder and draw up to the first hash mark on the syringe. Then inject into the thigh. Turn individual on side as vomiting may occur.
 - If glucagon is required, administer it promptly. Then call 911. After calling 911, contact the parents/guardian. If unable to reach parent, contact diabetes care provider.

Managing Very High Blood Glucose

Hyperglycemia Plan for Blood Glucose higher than _____ mg/dl

Usual symptoms of hyperglycemia for the participant include:

Extreme thirst Bathroom accidents
 Hungry Warm, dry, flushed skin
 Tired or drowsy Headache
 Blurry vision Vomiting***
 Fruity breath Rapid, shallow breathing
 Abdominal pain Unsteady walk

** If participant is vomiting, call parents immediately.

Treatment of hyperglycemia/very high blood glucose:

1. Check for ketones in the:
 Urine Blood
2. If ketones are moderate or large, contact parent. If unable to reach parent, contact diabetes care provider for additional instructions.
Contact parents if ketones are trace or small:
 Yes No
3. Children with high blood glucose will require additional insulin if the last dose of insulin was given 3 or more hours earlier. Consult the insulin plan above for instructions. If still uncertain how to manage high blood glucose contact parent/guardian.
4. Provide sugar-free fluids as tolerated.
5. You may also:
 Provide carbohydrate free snacks if hungry
 Delay exercise

Diabetes Dictionary

Blood glucose – The main sugar found in the blood and the body's main source of energy. Also called blood sugar. The blood glucose level is the amount of glucose in a given amount of blood. It is noted in milligrams in a deciliter, or mg/dl.

Bolus – An extra amount of insulin taken to lower the blood glucose or cover a meal or snack.

Bolus calculator – A feature of the insulin pump that uses input from a pump user to calculate the insulin dose. The user inputs the blood glucose and amount of carbohydrate to be consumed, and the pump calculates the dose that can be approved by the user.

Correction factor – The drop in blood glucose level, measured in milligrams per deciliter (mg/dl), caused by each unit of insulin taken. Also called insulin sensitivity factor.

Diabetic Ketoacidosis (DKA) – An emergency condition caused by a severe lack of insulin, that results in the breakdown of body fat for energy and an accumulation of ketones in the blood and urine. Signs of DKA are nausea and vomiting, stomach pain, fruity breath odor and rapid breathing. Untreated DKA can lead to coma or death.

Fixed dose regimen – Children with diabetes who use a fixed dose regimen take the same "fixed" doses of insulin at specific times each day. They may also take additional insulin to correct hyperglycemia.

Glucagon – A hormone produced in the pancreas that raises blood glucose. An injectable form of glucagon, available by prescription, is used to treat severe hypoglycemia or severely low blood glucose.

Hyperglycemia – Excessive blood glucose, greater than 240 mg/dL for children using insulin pump and greater than 300 mg/dL for children on insulin injections. If untreated, the patient is at risk for diabetic ketoacidosis (DKA).

Hypoglycemia – A condition that occurs when the blood glucose is lower than normal, usually less than 70 mg/dL. Signs include hunger, nervousness, shakiness, perspiration, dizziness or light-headedness, sleepiness and confusion. If left untreated, hypoglycemia may lead to unconsciousness.

Insulin – A hormone that helps the body use glucose for energy. The beta cells of the pancreas make insulin. When the body cannot make enough insulin, it is taken by injection or through use of insulin pump.

Insulin pump – An insulin-delivering device about the size of a deck of cards that can be worn on a belt or kept in a pocket. An insulin pump connects to narrow, flexible plastic tubing that ends with a needle inserted just under the skin. Pump users program the pump to give a steady trickle or constant (basal) amount of insulin continuously throughout the day. Then, users set the pump to release bolus doses of insulin at meals and at times when blood glucose is expected to be higher. This is based on programming done by the user.

Ketones – A chemical product when there is a shortage of insulin in the blood and the body breaks down body fat for energy. High levels of ketones can lead to diabetic ketoacidosis and coma.

Multiple Daily Injection Regimen – Multiple daily insulin regimens typically include a basal or long acting insulin given once per day. A short acting insulin is given by injection with meals and to correct hyperglycemia, or elevated blood glucose, multiple times each day.

Type 1 Diabetes – Occurs when the body's immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. Type 1 diabetes develops most often in young people but can appear in adults. It is one of the most common chronic disease diagnosed in childhood.