



# DIABETES MANAGEMENT ORDER SHEET

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

**\* DOES NOT HAVE INSULIN PUMP \***

1. Camper is:  Type 1  Type 2
2. Check blood sugar:  before:  breakfast  lunch  supper  bedtime  
 after:  breakfast  lunch  supper  bedtime
3. Target blood sugar: Fasting \_\_\_\_\_ 2 hours after meal \_\_\_\_\_ Bedtime \_\_\_\_\_
4. Basal insulin (long-acting): \_\_\_\_\_ via  vial  pen  
 \_\_\_\_\_ units subcutaneously at breakfast  
 \_\_\_\_\_ units subcutaneously at supper / bedtime
5. Mealtime insulin (short-acting): \_\_\_\_\_ via  vial  pen  
 \_\_\_\_\_ units subcutaneously at breakfast  \_\_\_\_\_ unit per \_\_\_\_\_ grams of carbs at breakfast  
 \_\_\_\_\_ units subcutaneously at lunch  \_\_\_\_\_ unit per \_\_\_\_\_ grams of carbs at lunch  
 \_\_\_\_\_ units subcutaneously at supper  \_\_\_\_\_ unit per \_\_\_\_\_ grams of carbs at supper  
 \_\_\_\_\_ units subcutaneously at bedtime  \_\_\_\_\_ unit per \_\_\_\_\_ grams of carbs at bedtime
6. Correction dose of insulin: \_\_\_\_\_ via  vial  pen  
\_\_\_\_\_ units for \_\_\_\_\_ mg/dL of blood sugar above \_\_\_\_\_  
 to be given in addition to mealtime dose  
 to be given at bedtime

**\* DOES HAVE INSULIN PUMP \***

1. Camper is:  Type 1  Type 2
2. Brand of continuous glucose monitor (CGM): \_\_\_\_\_  
\* Check blood glucose prior to all meals and snacks\*
3. Brand of insulin pump: \_\_\_\_\_  
  - Insulin used: \_\_\_\_\_
  - Basal rate: \_\_\_\_\_
4. Correction dose: (given with every meal and snack via insulin pump)  
  - Blood glucose - \_\_\_\_\_ divided by \_\_\_\_\_
  - Carbohydrate ratio: \_\_\_\_\_ unit for every \_\_\_\_\_ grams of carbs
  - Add both and round dose
5. Ketones: Check for ketones when sick or when blood glucose is above \_\_\_\_\_. Call parent/caregiver for nausea, vomiting, or if ketones are moderate or large. If ketones are positive, ensure patient is drinking 8oz of carb-free fluids every hour.
6. Low blood glucose: For blood glucose less than \_\_\_\_\_, give \_\_\_\_\_ gm of carbs and recheck in 15 minutes. Repeat until blood glucose is above 70. If patient is unresponsive, having a seizure, or unable to tolerate oral fluids give Glucagon \_\_\_\_\_ mg intramuscularly.

Physician's Signature (Original Signature Required) \_\_\_\_\_ Date: \_\_\_\_\_

