

Diabetes at a Glance for Camp Leo 2018

HYPOGLYCEMIA

Meters and treatment for hypoglycemia is carried in all med staff backpack and counselors fanny pack

Treatment for mild/moderate hypoglycemia

BG < 70 with or without symptoms or BG < 100 with low BG symptoms

- 15 grams simple carb with 3-4 glucose tabs (depending on brand) or 4oz of juice. If more than ½ hour before next meal/snack, give granola bar.
- communicate BS level to med staff in charge of cabin via I-pad message or put paper note in their nametag

Treatment for severe hypoglycemia

BG <40 or unresponsive

- Squeeze instant glucose gel in side of child's mouth while calling for help
- Med staff to administer glucagon 0.5 mg for smaller camper and 1.0 mg for larger person.
- Check BG
- Remove Insulin Pump
- Medical Lead and MD/ARNP to be contacted for follow up care
- Parents to be contacted about incident

MEALTIMES AND FOOD

Meal time/bedtime BG/carb counting and insulin

Campers gather in designated area (Dalles, outer deck, meadows deck) 30 minutes before meal and bedtime. 2 cabins will be in the same area so newer med staff are combined with experienced staff for adequate mentoring

Extra meters and supplies are in this area, along with the counselor and med staff meters

1. *Counselors and CIT's will check BG first.*
 - Campers will check blood sugar before each meal with CIT.
 - People with the highest BS go first, going highest to lowest. Hypoglycemia is treated if needed.
 - Campers/ CIT will write blood sugar and add up and write carbohydrates eaten for this meal on "carbohydrate/meal sheet" This is distributed to counselors by lead RD at the beginning of each day.
 - Counselor and camper take completed carb card to medical staff.
 - Med staff will record the BS, carb and insulin on EMR on I-pad. The med staff and camper review insulin dosage and watches camper give insulin, verifying the dose.
 - Attention is made to the timing of insulin prior to meals.
 - Campers go from highest to lowest BS
 - BS >300 or 2 consecutive BS >250 need to check urine ketones
 - BS > 250 : goes to the medical staff first, give bolus insulin FIRST. 15-30 mins prior to meal
 - BS 150-250 : give bolus insulin 10-15 minutes prior to the meal
 - BS -150 5-10 minutes prior to meal
 - BS < 70-80 juice and give insulin in dining hall or after eating
- Counselor documents the BS, carbs and insulin on paper record and gives to med staff. (Sorry, This is double documentation as back up our first year of using EMR)
- Camper puts carb/meal sheet in name tag to review during meal if needed.
- When 2 campers are finished, they go to the dining hall
- The meals will be served family style after most campers in dining hall (*trying to be as on-time as possible*).
- Announcements will be made after the meal.

***High Activity after meal:** may need to decrease insulin for meal

*** May need to decrease basal:** if camper has low activity level at home with high A1c

This is reviewed daily by MD, ARNP or medical lead

Daytime Snacks

*Mid AM is not provided, optional granola bar if hungry

*Afternoon snack is 15 carbs with protein is served on the deck. Counselors should pick up snack if they will be out of the camp-site area.

*Encourage campers to fill water bottle (with their name written on it.)

Bedtime Snack

All campers receive a bedtime snack of 30 grams carb with approx 7 grams protein. (15 grams CHO for elementary)
BG > 200 camper may opt to eat protein only.

NIGHT TIME

Campers and counselors are checked during the night if BS levels below 120.

A special night time staff is assigned to do this.

More details provided on orientation the day prior to camp.