

CAMPER: Jane Doe

AGE: 12

if camper is on long-acting insulin, please note the time of day long-acting insulin is given!

<input checked="" type="checkbox"/> Pump: <u>omnipod 5</u>	Insulin Used in Pump: <u>humalog</u>	<input type="checkbox"/> Shots	<input type="checkbox"/> Pen	Short Acting Insulin: _____
		<input type="checkbox"/> POLI	<input type="checkbox"/> Syringe	Long Acting Insulin: _____
<input checked="" type="checkbox"/> CGM	If yes, brand: <u>dexcom G6</u>	HCL? <input checked="" type="radio"/> Y <input type="radio"/> N		

PRE-CAMP LOG

HCL = Hybrid Closed Loop (CGM & Pump talk to each other)

BASELINE/HOME Corr./Sens. Factor = DAY: 50 NIGHT: _____ Insulin:Carb = Breakfast: 5 Lunch: 5 Dinner: 5

THURSDAY	TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
	BG								97					212			136				195			104	
	CGM																								
	CORRECTION (U)								1.0					2.2							1.9				
	CARB (G)	/	/	/	/	/	/	/	10	/	/	/	/	30	/	/	/	/	/	/	25	/	/	/	/
	BOLUS (U)	/	/	/	/	/	/	/	2	10	2	/	/	6	/	/	/	/	/	/	5	10	2	/	/
NOTES:																									

Only need to note BG & CGM value if both were checked!

top half of box is pre-meal carbs and pre-meal bolus dose

FRIDAY	TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
	BG								65																
	CGM									62	93			109			290			151				190	
	CORRECTION (U)																3.8								
	CARB (G)	/	/	/	/	/	/	/	/	15	5	20	/	45	/	/	/	/	/	20	/	/	/	/	/
	BOLUS (U)	/	/	/	/	/	/	/	/	1	4	/	/	9	/	/	/	/	/	4	10	2	/	/	/
NOTES:																									

bottom half of box is post-meal carbs and post-meal bolus dose

SATURDAY	TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
	BG			62																					331
	CGM			58	97				228				111				171					92			309
	CORRECTION (U)							2.5																	4.6
	CARB (G)	/	/	15	/	/	/	/	75	/	/	/	10	25	/	/	/	/	/	/	/	60	/	/	/
	BOLUS (U)	/	/					7	/	/	/	/	2	5	/	/	/	/	/	/	/	17	/	/	/
NOTES:																									

corrections for BGs should be noted here (separate from the bolus)

SUNDAY	TIME/ BASAL (U)	12m	1a	2a	3a	4a	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p
	BG															
	CGM			191												
	CORRECTION (U)															
	CARB (G)	/	/	/	/	/	/	/	/	20	10	/	/	/	/	/
	BOLUS (U)	/	/	/	/	/	/	/	/	4	2	/	/	/	/	/
NOTES:																

More Notes About the Pre-Camp BG Log:

- Please fill out the log accurately! No one will judge you or your campers for the BGs listed, number of times you pre-bolus versus post bolus, etc.
- If your camper uses a CGM, please at least fill in values before meals, exercise, snacks, and bedtime. You can fill in as many values as you can.
- If your camper uses a hybrid closed loop insulin pump (aka, their pump and CGM communicate with each other)... you may print out a pump report, complete with CGM trends and bolus patterns in lieu of filling out this log.
- Please have this out of luggage and easily accessible for check in.

Still have questions? Email Reed at rstewart@campkudzu.org