School Overnight Camps: Making Carb and Insulin Adjustments for Students with Diabetes

Parents:

Follow these guidelines to make insulin dose adjustments for your child’s school camp trip. Fill out the boxes on the right and give this information to teachers and other adult camp helpers.

During your child’s time at camp they will require less insulin overall due to the increased activity. To compensate, you can be proactive in preventing hypoglycemia (low blood sugar) by 1) adjusting (reducing) their baseline (basal) insulin, and 2) covering carbs for active playtime.

Adjust baseline (basal) insulin

For long-acting baseline (basal) insulin injections — Lantus, Basaglar, Tresiba or Levemir:

Dose should be 80% of regular dose (multiply current dose times 0.8). If you normally give your child their basal dose in the evening, you should give a reduced dose the night before camp so they have a lower dose in their system when they arrive at camp.

Normal dose: ______ x 0.8 = Camp dose: ______

For insulin pumps:

Decrease their basal rates to 80% of their regular basal rates.

How to determine the alternate “camp” basal rates:

Step 1: Review your child’s current basal pattern.

Step 2: Reduce the basal rate(s) to 80% of the current rate(s):

<table>
<thead>
<tr>
<th>For example, if current basal rates are:</th>
<th>Multiply each basal rate by 0.8 and the “camp” pattern would be:</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 a.m. 0.5 u/hr</td>
<td>12 a.m. 0.4 u/hr</td>
</tr>
<tr>
<td>3 a.m. 0.6 u/hr</td>
<td>3 a.m. 0.5 u/hr</td>
</tr>
<tr>
<td>6 a.m. 0.7 u/hr</td>
<td>6 a.m. 0.55 u/hr</td>
</tr>
<tr>
<td>12 p.m. 0.6 u/hr</td>
<td>12 p.m. 0.5 u/hr</td>
</tr>
<tr>
<td>9 p.m. 0.5 u/hr</td>
<td>9 p.m. 0.4 u/hr</td>
</tr>
</tbody>
</table>

Step 3: Set “camp” basal rate pattern in pump at any time and turn it on the day they leave for camp. It will remain set at that level for length of camp stay.

Cover carbs for active play

Review active play and other carb/correction bolus information with your child and teachers/camp helpers.

Information for camp staff:

Care level for diabetes management for my child while at camp: (check one)

- Independent
- Requires nurse/PDA (Parent-Designated Adult)

Long-acting insulin dose for my child while at camp: (check one)

- My child’s insulin injections:
  - Camp dose: __________
  - Time(s) given: __________

- My child’s insulin pump will automatically provide their basal insulin dose.

Carb coverage for active play

For every 60 minutes of active play or exercise:

- Have child eat an extra 15-gram carb snack. DO NOT GIVE INSULIN TO COVER THESE CARBS.

OR

- If you know they are going to be active within one hour after a meal or snack, you may want instead to subtract 15 grams from the total number of carbohydrates they are counting for that meal or snack. This means you will give them less Humalog/NovoLog for that dose.

Questions? Diabetes Clinic 206-987-2640

Seattle Children’s offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children’s will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children’s. However, your child’s needs are unique. Before you act or rely upon this information, please talk with your child’s healthcare provider.

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