

Treating Lows and Highs With and Without Sensors (CGMs)

- Campers may substitute Dexcom or Libre values for finger stick and use those values for correction.
- A medtronic sensor can only be substituted for fingerstick when not giving insulin (Midnight, before activities, etc).
- A fingerstick is always needed when there is a suspected problem with the CGM.
- When correcting and/or treating lows, use the protocol above with the sensor data. With rapidly changing BG (2-3 arrows), consider discussion with med staff for deviation from protocol.
- Calibrate sensors: before breakfast and before dinner, when BG is stable, and when requested by sensor.
- Document all sensor values used for decision-making in the camper's Diabetes Log.
- Fingerstick needed when sensor reading is not matching symptoms.

TREATING LOWS DURING THE DAY

BG <100

Feed 5-30 grams (depending on age of camper), recheck in 15 min. Repeat until >100.
Exception: CGM with up arrow, may wait to feed, recheck in 15 minutes, repeat until >100.

TREATING LOWS AT NIGHT

BG <80

Mini-dose Glucagon measured with an insulin syringe, 10 units for kids and 15 units for teens. (Get from med staff who are in the bath house from 12:00- 12:30.) Plus 15 grams of juice or glucose tabs.

Recheck BG in 15 minutes.

If BG 100 or greater, allow camper to go back to sleep.

If BG is still <100, feed another 15 grams and recheck in 15 minutes. Repeat until BG >100.

Exception: CGM with up arrow— monitor only until >100.

If not above 100 after 3 rounds of feeding bring camper to Doc's Place with pillow and sleeping bag.

BG 80-100

Feed 15 grams, recheck in 15 min., repeat until >100.
Exception: CGM with up arrow—> may monitor until >100

CGM ≤130 with down arrow

Feed 15 grams, recheck in 15 min., repeat until no CGM down arrow and BG>100

BG CORRECTIONS AT CAMP

	PUMPERS	INJECTORS
PRE-MEAL	BG >100: counselor supervises correction per BW, unless*	BG>200 , Camper goes first in insuline.
1-2 HRS AFTER MEALS	BG >100: counselor supervises correction per BW unless*	BG>300 , discuss correction with med staff at Doc's Place.
DURING THE NIGHT	BG >200: counselor supervises ½ correction per BW unless*	BG>300 , discuss correction with med staff at Doc's Place or in bathhouse.
	* BG >350: Follow Ketone Protocol	

Hybrid Closed Loop (Medtronic 670G)

The goal is for the camper to stay in Automode, which means there is a blue shield on the pump screen. When the pump is not in Automode, getting it back into Automode will require following the prompts on the pump.

Protocol is the same as for other insulin pumps and sensors, with the following modifications:

- If the pump is not in automode (blue shield), treat as any other pump at camp
- Calibrate sensor only when indicator is yellow, red, or is requested by pump. Must wash hands first.
- Enter BG when requested by pump. May wait 15-60 minutes.
- Follow prompts from pump.
- If camper is treated for hypoglycemia at evening snack or midnight, set temp target until morning.
- Check pump at mealtimes and midnight to review testing indicator, ensure pump is in automode
- If in automode, may skip mealtime BG if sensor <150 and only giving insulin for carbs
- During the day, consider giving fewer grams for low blood sugar (5-15 g).

Pumper Ketone Checking: Bearskin Meadow Camp

Check ketones if BG 350 or greater. Pumpers only.

0.0 to 0.3: Normal

0.4 to 0.5: Pump probably is not working.

0.6 or higher: The infusion site or the pump is not working, the camper has not received any insulin for at least 3 hours.

What to do if blood ketones are 0.6 or higher:

1. **If in camp**, bring camper to Medical Building where a correction of 1.5 x the normal correction dose will be given by injection followed by a set change.
2. **If out of camp on a day trip**, an injection of camper's regular fast-acting insulin should be given immediately. The dose is 1.5 times the usual correction. Replace the basal every 2 hours until back into camp.
3. **If at night**, come down to the Medical Building to discuss an insulin dose to keep the camper safe until morning when a set change will be done.

“INSULINE” PROCEDURES: Bearskin Meadow Camp

The Process

Counselors supervise BG checks, accepting only the BG on the meter if the strip is still in. May substitute dexcom or libre reading, unless calibration is required.

1. BGs are **immediately recorded** in the logbook. **Sensors** are immediately calibrated.
2. **Pumpers** who have BGs of 350 or greater do ketone checking.
3. **Pumper BGs** are put through the pump’s smart feature, and recommended doses are delivered with supervision and documented as **BW**.
4. Campers with **BGs** <100 (or SG <80 for 670G in automode) are given 10-15 grams.
5. **Counselors help campers decide what they plan to eat**, record food and grams on their plate, and add up the grams or exchanges.
6. **Campers take their deck log page and their plate** to medical staff where a dose is calculated, and written on the log page. Shot takers go first.
7. **Campers then take their log page to the Checker** who supervises the pumpers’ programming and delivering of the dose. Injectors are observed drawing-up and injecting the insulin. The checker circles the dose and keeps the log pages.
8. **Food is brought to the table when all have** received their insulin.
9. **Before the plates are put in the grey bin**, counselors and med staff identify **campers** who need more insulin or more carbs for the insulin they took.

PARENT PHONE CALL TIMELINE

Calls to be completed immediately following an incident/illness:

- Injuries that require care that cannot be conducted at camp.
 - o Injuries: possibly fractures/breaks, lacerations/cuts, etc.
 - o Care: X-rays, stitches, etc.
- Serious allergic reaction.

Calls to be completed within 5 hours of incident/illness:

- In the event of a hypoglycemic seizure.
- Ill with ketones.
 - o If a camper has vomited repeatedly (more than once) due to ketones or illness, a parent will be notified within five hours. If ketones are present but camper is not ill and a site change/injection are all that's needed, parents will not be notified.

Calls to be completed within 24 hours of incident/illness:

- Camper begins taking antibiotics.
- Camper spends the night in the infirmary.
 - o Those who rest for a few hours due to headache, menstrual cramps, etc. will not have a parent notified.

*Parents will not be notified for routine use of ibuprofen, Tylenol, Benadryl, or ketones without illness (ex: not vomiting, etc.)