NORTH CAROLINA OUTWARD BOUND DIABETIC MEDICAL MANAGEMENT PLAN PAGE 1



THIS PLAN SHOULD BE COMPLETED BY THE APPLICANT	'S PERSONAL HEALTH CARE TEAM.
Applicant's Name:	Course Number:
Diabetes Type	
☐ Diabetes type 1 ☐ Diabetes type 2	
Blood Glucose Monitoring	
Target range for blood glucose is 70-150 70-180 Other	
Date of most recent A1C Test Results of test	
Usual times to check blood glucose	
Times to do extra blood glucose checks (check all that apply)	
☐ before exercise	
☐ after exercise	
when applicant exhibits symptoms of hyperglycemia	
☐ when applicant exhibits symptoms of hypoglycemia	
☐ other (explain):	
Can applicant perform own blood glucose checks?	☐ Yes ☐ No
Exercise and Sports	
Outward Bound is a very physical endeavor. Diabetic applicants should b	e physically active in their everyday life and know
the impact of activity on their blood sugar levels.	
Is the applicant able to adjust insulin levels with a change in physical activ	vity? 🗆 Yes 🗖 No
Restrictions on activity - should not exercise if blood glucose level is below	ow mg/dl or above
mg/dl or if moderate to large urine ketones ar	e present.
For Applicants with Insulin Pumps	
Applicants using insulin pumps MUST also be proficient at using syringe	s in case of pump failure to be accepted to course.
Is the applicant able to calculate the correct amount of insulin and self in	
Type of pump: Type of insulin in	bumb:
Applicant Pump Abilities/Skills:	7 V 7 N-
Count carbohydrates Bolus correct amount for carbohydrates consumed	☐ Yes ☐ No ☐ Yes ☐ No
Calculate and administer corrective bolus	☐ Yes ☐ No
Calculate and set basal profiles	☐ Yes ☐ No
Calculate and set temporary basal rate	☐ Yes ☐ No
Disconnect pump	☐ Yes ☐ No
Reconnect pump at infusion set	☐ Yes ☐ No
Prepare reservoir and tubing	☐ Yes ☐ No
Insert infusion set	☐ Yes ☐ No
Troubleshoot alarms and malfunctions	☐ Yes ☐ No
Insulin Dosing with Syringes	
Is applicant independent in carbohydrate calculations and management?	☐ Yes ☐ No
Can applicant give own injections?	☐ Yes ☐ No
Can applicant determine correct amount of insulin?	☐ Yes ☐ No
Can applicant draw correct dose of insulin?	☐ Yes ☐ No

NORTH CAROLINA OUTWARD BOUND DIABETIC MEDICAL MANAGEMENT PLAN PAGE 2



THIS PLAN SHOULD BE COMPLETED BY THE APPLICANT'S PERSONAL HEALTH CARE TEAM. Applicant's Name: Course Number: For Applicants Taking Oral Diabetes Medications Type of medication: ______ Timing: _____ Other medications: _____ Timing: _____ Diabetic Incident Management Hypoglycemia (Low Blood Sugar) Usual symptoms of hypoglycemia: Treatment of hypoglycemia: Hyperglycemia (High Blood Sugar) Usuaal symptoms of hyperglycemia: Treatment of hyperglycemia: Urine should be checked for ketones when blood glucose levels are above _____ mg/dl. Treatment for ketones: _____ Contact Information for Applicant's Doctor/Health Care Provider: Physician's Name: Physician's Signature _____ Address:

Telephone: _____ Emergency Number: ____