TO BE COMPLETED BY A LICENCED HEALTH CARE PROVIDER

Complete this form only if the child uses an infusion pump, IV fluids or TPN pump, gastrostomy feeding pump, etc. OR you may fax a signed Home Care Order in place of this form.

All necessary supplies for camp must be sent with the child including medication, sterile water, needles, syringes, backup batteries, formula, and extra GT/NG tubes.

Home care agency and contact numbers ________________________________________________________________

Manufacturer and model of pump ________________________________________________________________

Procedure to replace broken pump ________________________________________________________________

Instructions for infusion pumps
Med dose ________________________________________________________________
Concentration and amount of saline flush ________________________________________________________________
Length and rate of infusion ________________________________________________________________
Number of nights pump is to be used at camp ________________________________________________________________

Instructions for infusion or feeding
Continuous feeds: GT NG J-tube Other __________________________
Product and Quantity ________________________________________________________________
Starting rate _______ ml/min X _______ hrs (taper up)
Maint rate _______ ml/min X _______ hrs
Ending rate _______ ml/min X _______ hrs (taper down)

Bolus feeds
Product and Quantity ________________________________________________________________
When is it given? ________________________________________________________________
How is it given? (pump, gravity, push) ________________________________________________________________
Is extra water given? No Yes If yes, how much and when? ________________________________________________________________

Signatures and dates:

Physician Name (Print) __________________________ Signature __________________________ Date __________

Completed by (Print Name) __________________________ Signature __________________________ Date __________

Upload to parent dashboard or fax form to 888-524-2477