

Participant: _____

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
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**Fir Acres Writing Workshop
Lewis & Clark College
Additional Information about Participant's Diabetes**

Your participant will continue self-care for his/her diabetes while at Fir Acres. Regular Workshop staff members are not licensed medical professionals, nor are they diabetes educators. Staff will rely on information on this form to help support your participant in their self-care. *Please complete this form in consultation with your participant and his/her physician, attaching additional information as necessary, including medication orders and details about your participant's diabetes history. Return this **no later than May 15th** to:*

**Fir Acres Writing Workshop
Lewis & Clark College MSC 58
615 S Palatine Hill Road
Portland, OR 97219**

If you have questions or concerns, please call us at 503-768-7932 and we will do our best to answer your questions.

Things to consider about the Fir Acres Writing Workshop:

1. Workshop staff expect that participants with diabetes are capable self-managers and that they know when to use their medication, monitor their blood sugar levels, and/or to amend any activities to support their health.
2. Changes in diet, schedule, and travel may make it more difficult for your participant to manage his/her diabetes while traveling to and participating in the Workshop. Our food service provider will be informed that a diabetic participant is in residence, and will work to meet participant needs. If you have any concerns about specific food offerings, please let us know.
3. To support participants' self-care, we ask them to keep supplies in the Workshop office where insulin, syringes, glucometer, etc., can be stored and where a sharps container is available.
4. Fir Acres does not have a registered nurse in residence. Participants may be transported if necessary to urgent care or emergency department services, approximately 15 minutes by road from campus.
5. Staff members will be briefed on signs that indicate high and low blood sugar levels.

Participant's Routine Care for Diabetes

When does participant check blood sugar (BS)?

What is participant's usual range of BS readings?

When does participant inject insulin? What type is used and how many units?

In addition to meals, describe participant's pattern for snacks (e.g., time, what is eaten, etc.).

If a question about diabetes management comes up, who should we call and at what number?

Low Blood Sugar Reactions

If participant's BS gets low, what signs or behaviors should our staff expect to see?

If participant's BS gets low, what should we do?

Are there particular stressors that tend to drop participant's BS? What are they?

When was participant's last low blood sugar reaction? How often does he/she have low blood sugar reactions?

Has participant's BS ever gone so low that he/she had a severe reaction (e.g., seizure, loss of consciousness)?

- ☐ No
☐ Yes (*please explain*)

Additional Information

If participant's blood sugar is running high, what signs or behaviors should our staff members note and what should participant and staff do?

What type of notification and how soon do you want it to occur if participant has a reaction? Provide names, phone numbers, and relationship to participant.

Other participants may have questions about your participant's diabetes care. Workshop staff tend to approach chronic health concerns by normalizing the situation rather than sensationalizing it. We encourage participants to answer questions directly from others about their health condition. Please let us know of your preference in this situation.

Participant's Diabetes Care Provider: _____

Care Provider's Phone: (_____) _____

What else would you like to tell us about your participant's diabetic management plan?

Name of Parent/Guardian (please print): _____

Signature: _____
Parent/Guardian

Date: _____

Signature: _____
Participant

Date: _____