



WELCOME TO 2019 SUMMER CAMP

Unit Nurses

Brittany Coon • Pat Binns • Abbie Goodman
Jacqueline Scott • Kari Overstreet • Kaitlin Campbell

Night Shift Nurse • Casey Kalica

- ▶ We allow campers to keep “rescue meds” on them or a counselor with them as long as the meds are clearly labelled with camper’s name, cabin, and color. Rescue meds include: EpiPens, anti-epileptic (Diasat), Albuterol inhaler, or Benadryl (in extreme cases).
- ▶ Campers receiving scheduled home meds will have those meds poured and double checked on Sunday, meds will be administered by medical personnel and documented via Campsite throughout the week, mostly at meal times; Practice 5 rights of administration with every med delivery.
- ▶ PRNs: many of our campers will become fatigued/sore throughout the week. If a camper asks for pain medication for HA or other muscle/joint pains, and they have a PRN on their MAR, go ahead and administer and document in Campsite.
- ▶ If a camper asks for a PRN, and they do NOT have anything listed on their MAR, first assess their forbidden OTCs and allergies; Notify Unit nurse, Medical Director, or Nursing Director of intervention, and create log.
- ▶ During this week, we encourage you to be present with your campers for high-risk activities (i.e. barn, waterpark, zip line, tower, etc).
- ▶ Use GENERAL precautions (gloves for anything that is bodily substances).
- ▶ Please be at the Body Shop 10-15 minutes before meals to gather up medications, iPads, and supplies for mealtime med pass.
- ▶ When you head to bed for the night, please check in with your Unit Nurse, just so we can say ,“Thank you and goodnight.” ;)



SPina BiFida/NEUROMUSCULAR DiSORDERS/CRANIOFACIAL anomalies/PHYSICAL DisAbilities

- ▶ Many of our campers will use products for incontinence. Counselors are trained on ADL care, so we'll just be involved in assessing for any skin break down in relationship to AFOs, SMAs, or contact dermatitis. If any wound/break down is noted, please document a log in Campsite, and we will call to notify parent. The increased activity at camp can put our campers at increased risk for skin injury/break down.
- ▶ Campers may have speech deficits/communication devices. Counselors are responsible for communication and entertainment, however, we can be an additional resource if we feel that medical intervention/assistance may be necessary.
- ▶ Campers should wear socks in the pool to prevent foot injury due to decreased sensation.
- ▶ Many campers find the walking on camp to be extremely tiring. There are extra wheelchairs and wagons in the Body Shop. However, we have a limited supply, so encourage campers to use them only on as-needed basis.

▶ Spina/Nueromuscular

- ▶ These campers will probably need to be cathed through a variety of stomas/holes. :) During check-in, it's always a good idea to ask:
 - Level of assistance (if it is anything other than dependent, i.e. can do it themselves, but need someone to hold supplies, or completely independent a RN does NOT need to be there)
 - Should camper carry all urinary supplies on them (encourage counselors to keep track of this!)
 - Frequency of cathing (share this with counselors, and they should keep track of this)
- ▶ We will cath a camper anywhere that is convenient for them (pool, superdome, theater, etc, You don't have to cath in the Body Shop.
- ▶ If a camper does not practice sterile cathing techniques at home, we'll follow their home regiment and just practice clean cathing.
- ▶ Any concerns for a UTI, defer to Courtney Gardner.



▶ Spina/Nueromuscular (cont.)

- ▶ These campers might be on a variety of bowel routines (enemas, suppositories, or medications)
 - If a camper does have a bowel routine, ask parents for level of assistance (if it is anything other than dependent, i.e. can do it themselves, but need someone to hold supplies, or completely independent a RN does NOT need to be there)
 - Ask parents for a detailed description if camper is not dependent (i.e. frequency (M/W), site (cecostomy, rectum), amount of water (1,000 ml, 500 ml mixed w/ 2 tsp glycerin, etc) -> Also, we encourage campers to do bowel routines at recharge since these may take up to an hour, and doing it at recharge prevents them from missing evening entertainment
- ▶ If a camper has a stoma used for cathing or bowel routines, please assess stoma for breakdown.

▶ Craniofacial

- ▶ These campers might have hearing aids or speech devices. Help counselors ensure that these do not get wet, and ensure that they stay charged during a camper's time at camp.

▶ Physical Disabilities

- ▶ Camp should be made extra adaptable this week, so there should be step stools and grip extenders throughout camp.



CYSTIC FIBROSIS

- ▶ There will only be one camper with cystic fibrosis/week (unless said campers are siblings sharing the same diagnosis).
- ▶ These campers will have breathing treatments 1-3x/day.
- ▶ These breathing treatments can be done in the cabin or Body Shop.
- ▶ At check-in ask parents for a detailed description of their breathing treatment schedule.
- ▶ (i.e 1st Albuterol, 2nd pulmozyme (only in AM), 3rd 3% NaCl, use vest for 30 min in AM/PM).
- ▶ These campers have high caloric needs and should have access to snacks and be encouraged to eat food.
- ▶ They will need medications with all food intake (meals and snacks).

