

T1D *packing* LIST



TESTING SUPPLIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/> Meter				<input type="checkbox"/> Guardian Sensor			
<input type="checkbox"/> Test strips				<input type="checkbox"/> Guardian insertor			
<input type="checkbox"/> Lancets				<input type="checkbox"/> Guardian transmitter charger			
<input type="checkbox"/> Dexcom G6 sensors				<input type="checkbox"/> Phone/Receiver Charger			
<input type="checkbox"/> Dexcom Receiver				<input type="checkbox"/> Libre Sensors			
<input type="checkbox"/> Back up Transmitter				<input type="checkbox"/> Libre Reader			

INSULIN SUPPLIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/> Fast Acting Insulin Vials				<input type="checkbox"/> Reservoirs			
<input type="checkbox"/> Long Acting Insulin				<input type="checkbox"/> Infusion insertor			
<input type="checkbox"/> Syringes				<input type="checkbox"/> Pods			
<input type="checkbox"/> Insulin Cartridges/Pens				<input type="checkbox"/> Backup Riley			
<input type="checkbox"/> Pen Needles				<input type="checkbox"/> Rileylink Charger			
<input type="checkbox"/> Infusions				<input type="checkbox"/>			

EMERGENCIES	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/> Glucagon				<input type="checkbox"/> Back up phone with Loop installed			
<input type="checkbox"/> Low Snacks				<input type="checkbox"/> Prescriptions			
<input type="checkbox"/> Extra batteries				<input type="checkbox"/> Health Insurance Cards			
<input type="checkbox"/> Backup pump				<input type="checkbox"/> Ketone Strips			
<input type="checkbox"/> Spare Meter				<input type="checkbox"/> Medical Alert Bracelet/Tattoos			

OTHER	# OF DAYS	# NEEDED PER DAY	TOTAL #		# OF DAYS	# NEEDED PER DAY	TOTAL #
<input type="checkbox"/> Doctor's Note stating you have Type 1 Diabetes				<input type="checkbox"/> Medical Tape/Adhesives			
<input type="checkbox"/> BD Safe Clip for needle disposal				<input type="checkbox"/> Adhesive Remover			
<input type="checkbox"/> IV prep or skin prep				<input type="checkbox"/> Pod Decorating Supplies			
<input type="checkbox"/> Alcohol Swabs				<input type="checkbox"/> Frio Pack			