

KEEP IN YOUR POOLSIDE NOTEBOOK



HOW TO FILL OUT AN ISR BUDS SHEET

FULL BUDS and POOLSIDE BUDS

Thank you for enrolling your child in Infant Swimming Resource lessons.

A very significant part of our safety record comes from our use of the Bowel Urination Diet Sleep (BUDS) information that you collect for us and your Instructor analyzes before each lesson. **Please read your Parent Resource Book concerning the BUDS information in Chapter 2** for more details about our research findings from years of BUDS information presented on behalf of several thousand ISR students. We appreciate the effort involved in submitting this form and assure you the information gathered here will only be shared with ISR personnel for the express purpose of creating the safest, most efficient lesson possible for your child.

Many of the ISR Instructors use this FULL BUDS sheet in addition to the mandatory Poolside BUDS required by ISR. While the poolside BUDS form provides enough information to assure safety in the ISR experience for your child, the FULL BUDS provides more details.

The FULL BUDS has a time line, diet lines (3) and protocols to record almost everything else that our student can experience prior to today's lesson.

The time line - this FULL BUDS uses a time line for recording all sleep intervals and uses the same time line to indicate when your child ate, had a bowel movement and a urination episode. The time line starts at midnight to the far left and ends beyond 11:30 PM to the right with NOON in the middle.

The Diet lines are below the time line and on these three lines you write down everything your child ate at Breakfast, Lunch, Dinner and any snacks. Fluids drunk by you child are also recorded on the Diet lines.

This is a BUDS for a single day on a FULL BUDS form...

In a written format, this is what the above represents on a FULL BUDS sheet ...

Starting with the top line, this child is on a Temperature BUDS indicated by the temperature notation (98.6) within one hour of his lesson on Wednesday and the parent initialed that fact with "JW"

The date of this information was for Wednesday, March 23, 2005 and the Instructor evaluated the information with the initials "AB"

Sleep- The child was asleep from midnight until 7:30 AM ... had a nap from 2 PM until 3:30 PM... went to bed at 8 PM and got up briefly at around 10:30 PM and went back to sleep.

Bowel- There were bowel movements at 7:30 AM, 1 PM, around 4 PM and a final one at 10:30 PM

Urination- There were wet diapers at 7:30 AM, 11 AM, 4 PM (unusual, “strong odor”), 7:30 PM and a final one at 10:30 PM

There was a doctor appointment “DR” at 9:30 AM and “M” Tylenol was given at 10:30 PM

Breakfast was at 8 AM and consisted of oatmeal, toast and orange juice

A snack of fruit cup and juice was given at 10:30 AM (no apples or pineapples in it !!)

Lunch was at 12:30 and was a peanut butter and jelly sandwich with water and cookies

A snack of bananas was eaten at 4 PM

Dinner was at 6:30 PM and consisted of meatloaf, potatoes, milk, ice cream and cake.

At Wednesday’s lesson this student practiced floating and worked on rollbacks, wall work, swim and flipover skills.

Since you have to fill out a poolside BUDS everyday, for Wednesday it would look like this...

(assume the lesson was at 11 AM and understand that the form itself has been edited to show just Wednesday, 3/23/05.

BUDS protocols selected by your Instructor:

Regular *Bowel Urine Diet & Sleep*

Temperature *Take this child's temperature within 1 hour prior to the lesson and again poolside using the same thermometer*

	Wednesday
Date (instructor initial days child did not attend)	3/23/05
1. Activity level normal	<input checked="" type="radio"/> YES <input type="radio"/> NO
2. Bowel movements normal	<input checked="" type="radio"/> YES <input type="radio"/> NO
3. Urine output normal	<input checked="" type="radio"/> YES <input type="radio"/> NO
4. Medications, fever, seizures, ER or MD visits	<input checked="" type="radio"/> YES <input type="radio"/> NO
5. Skin rashes, vomiting, injuries	YES <input checked="" type="radio"/> NO
6. Change in appetite/diet, any new foods	YES <input checked="" type="radio"/> NO
7. Sleep immediately after last lesson	YES <input checked="" type="radio"/> NO
8. Change in sleep patterns	YES <input checked="" type="radio"/> NO
9. Anything to eat or drink in the last two hours	YES <input checked="" type="radio"/> NO
Child's temp. 1 hour before and again at pool	98.6 / 98.6
Parents Initial >>	J.W.

Please explain "NO" answers to #1 thru #3 and "YES" answers to #4 thru #9:

Wednesday 4. Tylenol Doctor visit (checkup at 9:30 AM OK)

The Full BUDS form has a series of other symbols, explained on the second page, wherein other activities and situations your child may have engaged in or experienced during each day can be represented for your Instructor to interpret. Also, you and your Instructor can customize the Full BUDS form with other symbols for a specific situation that is not covered with a symbol on the standardized Full BUDS form. Again, the Full BUDS form stays with you but you have to bring it to the pool everyday and let your Instructor examine it prior to each lesson. You still have to fill out the poolside BUDS too even if you are using the Full BUDS. We need the Full BUDS sheets back when you have used them for our continuing research to advance our understanding of the infants and young children who are being instructed within Infant Swimming Resource lessons.

Thank you !

