

# ISR PARENT EDUCATION

## HOW TO FILL OUT A FULL BUDS SHEET

**FULL BUDS SHEETS ARE MANDATORY FOR ALL ISR STUDENTS WHO ARE UNDER 31 MONTHS OF AGE.**

SOME ISR INSTRUCTORS REQUIRE FULL BUDS REGARDLESS OF AGE AND OTHER STUDENTS ARE REQUIRED TO HAVE FULL BUDS SHEETS BY THE INFANT SWIMMING RESOURCE REGISTRATION EVALUATION TEAM

Throughout the course of lessons the safety, comfort, and well-being of your baby are our top priority. To custom tailor each lesson for your baby every day, your Instructor will rely on information from you about how he is doing and feeling. This BUDS sheet is the tool we created and have used for over 26 years to facilitate your responsibility of providing this information to your child's Instructor. BUDS stands for Bowel, Urination, Diet and Sleep. The information you record on this form allows the Instructor to further customize each lesson by providing him or her with a glimpse at what is going on between lessons. This document explains how you collect and record the information that your Instructor will need before each lesson. We appreciate your effort to carefully record the information for your baby and submit it on the BUDS daily to your Instructor. We want to assure you that 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 baby.

**Please print the FULL BUDS SHEET attachment to the email you just received from ISR.**

Once you have it, please read it over and then come back to this document so that you can learn more about this vital tool.

Let's look at and identify one day on the BUDS SHEET and what we need for each part.

Monday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

**12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30**

at the lesson on Monday: Float Rollback Wall work Swim Flipovers Swim/Float/ Swim Sequence Clothes 1 2 3 4 5

The FULL BUDS has a line for the date, the water temperature, the duration of the lesson in minutes and an area where the Instructor will initial after a review of the information each day. The Instructor will tell you the water temperature each day when you arrive and how long the lesson was at its conclusion each day. Be prepared to record this vital information at the pool each day at the lesson on this BUDS Sheet.

Monday Date \_\_\_\_\_ POOL TEMPERATURE \_\_\_\_\_ F The lesson was \_\_\_\_\_ minutes today Instructor initial here \_\_\_\_\_

The FULL BUDS has a time line ...

12 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30 NOON 30 1 30 2 30 3 30 4 30 5 30 6 30 7 30 8 30 9 30 10 30 11 30

three diet lines ...

and a series of skills and lesson conditions in a list.

at the lesson on Monday: Float Rollback Wall work Swim Flipovers Swim/Float/ Swim Sequence Clothes 1 2 3 4 5

At the top of page one and two, there are protocols and symbols used to record almost everything else that our student can experience prior to today's lesson. When these are put together as they are here, you can see how we have standardized the possible events and situations with notations for each ...

**B** Above the sleep-time line to indicate a bowel movement, circle the B if something was unusual about it.

**U** Above the sleep-time line to indicate **urination**, circle the U if something was unusual about it.

**\_\_\_\_\_** DRAW A LINE through the **sleep-time** line to indicate any periods your child was asleep.

**b** Under the sleep-time line to indicate when he or she ate **breakfast**

**l** Under the sleep-time line to indicate when he or she ate **lunch**

**d** Under the sleep-time line to indicate when he or she ate **dinner**

**s** Under the sleep line to indicate any **snack**

**DR** Above the sleep line for a **medical appointment**

**\*** Above the sleep-time line to indicate the time when any **injury** was sustained

**M** Above the sleep-time line to indicate any **medication** that was given. Identify it within the 3 diet lines using parentheses.

**F** Above the sleep-time line to indicate when a **fever** was noticed and a circled F when the fever was gone.

**V** Above the sleep-time line to record when a **vomiting** episode occurred, circle the V for a spit-up episode

**R** Above the sleep-time line to indicate when a **skin rash** was noticed.

**<>** Above the line to show when the child was **not with you** directly (day care, mom's day out, baby sitter)

**^^** Above the time line for any period the child was **in the water** other than in ISR lessons

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 an example of a BUDS for a single day on a FULL BUDS form

Monday Date 3/3/08 POOL TEMPERATURE 84 F The lesson was 7 minutes today Instructor initial here A.B.

BU DR U B 80

b l s d

b - oatmeal, toast, juice. l - PBJ, water, cookies s - bananas, water  
d - meatloaf, potatoes, milk, ice cream, cake M (Tylenol)

Monday: Float Rollback Wall work Swim Flipovers Swim/Float/ Swim Sequence Clothes 1 2 3 4 5

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

The date of this information was for Monday, March 3, 2008 and the Instructor confirmed the evaluation 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 at 11 PM.

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

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 Monday's lesson this student **practiced** (underlined) floating and **worked on** (circled) rollbacks, wall work, swim and flipover skills. Skills that are practiced are underlined and skills that are being worked on are circled.

The water temperature was 84 and the lesson was 7 minutes long.

## **POOLSIDE BUDS**

### **The Instructor's copy**

We also need a "quick reference" BUDS that the Instructor keeps poolside. As you come into the pool area, find the file or notebook that your Instructor uses to organize the **poolside BUDS** and record the information from your FULL BUDS onto the poolside BUDS form for your baby. It takes a few seconds to do this and again, your Instructor will look at both the FULL BUDS and the poolside BUDS information that you have recorded for your baby. For the data in the above example for Monday, March 3, 2008 the poolside BUDS would look like this...

(assume the lesson was at 11 AM and understand that the form itself has been edited to show just Monday)

	Monday
Date (instructor initial days child did not attend)	3/3/08
1. Activity level normal	<input checked="" type="radio"/> YES NO
2. Bowel movements normal	<input checked="" type="radio"/> YES NO
3. Urine output normal	<input checked="" type="radio"/> YES NO
4. Medications, fever, seizures	<input checked="" type="radio"/> YES 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
If required, child's temp. 1 hour before the lesson and parents initials	___/___

Please explain "NO" answers to #1 thru #3 and "YES" answers to #4 thru #9: (use the back of this sheet if necessary)

Monday water temperature 84° DR-checkup 9:30 AM - OK 4. Tylenol lesson length 7  
Please indicate any weekend information here...

Again, the poolside BUDS is a quick reference form that the Instructor keeps poolside.

You and your Instructor can add to and customize the FULL BUDS form with other symbols for a specific situation that are not covered with a symbol on the standardized FULL BUDS form. Even the poolside BUDS can have information added to it. 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.

On the Registration form you completed and submitted to ISR, there were 10 questions that are extremely important. They are copied for you here;

1. Does this child have any handicaps or exceptionalities? \_\_\_\_\_
2. Has this child ever lost consciousness? \_\_\_\_\_
3. Has this child ever been revived via CPR? \_\_\_\_\_
4. Has this child ever had a seizure of any kind? \_\_\_\_\_
5. Has this child ever had a "breath-holding" episode? \_\_\_\_\_
6. Has this child ever had a kidney or bladder infection? \_\_\_\_\_
7. Has this child's health ever required the attention of a medical specialist or health care provider other than the pediatrician or family doctor? \_\_\_\_\_
8. Has this child ever taken a medication for longer than 2 weeks? \_\_\_\_\_
9. Has this child had recurrent respiratory problems? \_\_\_\_\_
10. Has this child ever had surgery? (other than circumcision) \_\_\_\_\_

We also need to know if your child has recently experienced any type of allergic reaction. Should one occur during the period of the lessons, make sure your Instructor is made aware of that situation.

... if the answer to any one of those questions changes, after you filled out the registration form, you must bring that fact to the attention of your Instructor IMMEDIATELY.

If you have been asked to complete modified versions of a FULL BUDS to record your child's temperature just prior to each lesson or to record activity levels at intervals prior to and after each lesson, we will have attached those versions to

this email to you. Basically, you fill them out the same as the FULL BUDS described in this document with slight additions that are explained right on those printed versions.

As your family continues to progress toward more and more aquatic safety, you will understand more about Infant Swimming Resource. You will realize as the thousands and thousands before you have, that safety is our number one priority. We know that FULL BUDS and poolside BUDS take time but they help us provide the safest possible lesson for your baby. Ask at the pool for help with any questions you have about BUDS, we know it might seem a bit confusing at first, but once you have done them for a day or two, it becomes easier.

Thank you !

Harvey Barnett, Ph.D.  
Founder, Infant Swimming Resource