

Insulin Pump Pre-Pump Assessment, English, Canada

ATIENT NAME:		DATE	DATE OF BIRTH (YYYY/MM/DD):		DATE OF ASSESSMENT (YYYY/MM/DD):	
OME PHONE:	EMAIL ADDRESS:			/ NAME OF INTERVIEW		
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Towns of Assessment			ПО	valia a		
Type of Assessment:	☐ Telephone	☐ In person	ПО	nline		
Medical History:						
 Year of diagnosis of diagnosis 	diabetes or years h	naving diabetes?		_		
 Type 1, type 2 or ges 						
Other medical conditi						
List of medications: Diabetes assemblisation						
Diabetes complication						
□Retinopathy	□Neuropathy	□Nephropathy				
Other:						
Height?						
Weight?						
	therapy regimen? Insulin pump Injections	Brand				
	•					
What type of insulir	n do you take? Exp	olain current regime	n			
Have you taken diabetes ed	ducation classes?					
A. ☐ Yes	B. □ No					
If yes, chec	ck all the topics co	vered in the last 3 y	ears:			
☐Glucose meters ☐ Insulin				☐ Carb Countir	g	
□Diabete	s Management	☐ Pump Therap	by I	□ CGM		
If you are a new pumper, w	hose idea was it fo	or you to start insulir	n pump therai	ov (check all tha	it apply)?	
A. ☐ Self		ealthcare provider (F		C. ☐ Family	r r · J / ·	
D. ☐ Friends			,	Э. — т uniniy		



Review the following concepts: Basal/Bolus Insulin Delivery Carb ratio Correction Factor or Insulin Sensitivity Blood Glucose Target Basal Rate Have you been provided instruction on the following topics? Proper care of your infusion site Treating high and low blood glucose (Explain how) Treating high and low blood glucose (Explain how) Troubleshooting high or low blood glucose Adjusting insulin for physical activity/use of temp rate Ves No Adjusting insulin for physical activity/use of temp rate Ves No Checking for ketones Do you feel confident in your ability to treat a low blood sugar, below 4.0 mmol/L? (Patient should be able to define this in their own words if answered "Yes" or "Sometimes") A. Yes B. Sometimes C. No Do you have any difficulty identifying symptoms of low blood glucose? A. Yes B. No Have you been diagnosed with hypoglycemia unawareness? Yes No Have you ever required Glucagon Yes No What BG level do you tend to get symptoms of a low? mmol/L What are your symptoms of a low BG? (For patients on MDI) Have you been provided instruction on adjusting your insulin prior to your t-slim X2 TM pump start? A. Yes B. No	Do you feel con	fident in your	ability to manage you	ur diabetes on a day-to-day	basis?	
Basal/Bolus Insulin Delivery Carb ratio Correction Factor or Insulin Sensitivity Blood Glucose Target Basal Rate Have you been provided instruction on the following topics? Proper care of your infusion site Treating high and low blood glucose (Explain how) Back-up plan for insulin injections Back-up plan for insulin injections Back-up plan for insulin injections Back-up plan for insulin or physical activity/use of temp rate Back-up plan for insulin for physical activity/use of temp rate Press No Checking for ketones Pess No Checking for ketones Poyou feel confident in your ability to treat a low blood sugar, below 4.0 mmol/L? (Patient should be able to define this in their own words if answered "Yes" or "Sometimes") A Pes B Sometimes C No Do you have any difficulty identifying symptoms of low blood glucose? A Pes B No If yes: Have you been diagnosed with hypoglycemia unawareness? Pess No Do you have a prescription for Glucagon Poyou have a prescription for Glucagon What BG level do you tend to get symptoms of a low? What are your symptoms of a low BG? (For patients on MDI) Have you been provided instruction on adjusting your insulin prior to your t:slim X2 TM pump start? A No Pess B No No	A.	☐ Yes	B. ☐ Sometimes	C. □ No		
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Proper care of your infusion site Treating high and low blood glucose (Explain how) Troubleshooting high or low blood glucose Back-up plan for insulin injections Back-up plan for insulin injections Adjusting insulin for physical activity/use of temp rate Susing an extended or combo bolus Checking for ketones Do you feel confident in your ability to treat a low blood sugar, below 4.0 mmol/L? (Patient should be able to define this in their own words if answered "Yes" or "Sometimes") A. □ Yes B. □ Sometimes C. □ No Do you have any difficulty identifying symptoms of low blood glucose? A. □ Yes B. □ No If yes: Have you been diagnosed with hypoglycemia unawareness? □ Yes □ No Have you ever required Glucagon □ Yes □ No Do you have a prescription for Glucagon □ Yes □ No? What BG level do you tend to get symptoms of a low? □ mmol/L What are your symptoms of a low BG? (For patients on MDI) Have you been provided instruction on adjusting your insulin prior to your t:slim X2™ pump start? A. □ Yes B. □ No		Carb raCorrectBlood to	atio tion Factor or Insulin Glucose Target			
Treating high and low blood glucose (Explain how)	Have you been	provided inst	truction on the following	ng topics?		
their own words if answered "Yes" or "Sometimes") A.		TreatinTroubleBack-uAdjustiUsing a	ng high and low blood eshooting high or low up plan for insulin injec- ing insulin for physica an extended or combo	glucose (Explain how) blood glucose ctions I activity/use of temp rate	☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes	NoNoNoNoNoNoNo
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What are your symptoms of a low BG? ———————————————————————————————————		Do you have	e a prescription for Gl	ucagon	□Yes	□ No?
A.				• .		
A.						
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What concerns do you have about pump therapy	/? What are your goals after going on the pu	mp?
When is your follow-up appointment with your Do	octor or Clinic?	
Pre-training homework (check all that apply):		
☐ Work with diabetes educator	on the following diabetes management skill	S:
☐ Review the User Guide		
□ Other		
Please remember to bring all of the following iter	ns to your training appointment.	
☐ t:slim X2 insulin pump ☐ Reference Guide		
☐ Infusion sets☐ Site preparation products	Brand	_
☐ Cartridges		
☐ Rapid-acting insulin vial☐ BG meter	Brand	
☐ Saline (if required)	Dianu	_
☐ Bring at least 2 sets of infusion	on sets and cartridges	
HEDULED TRAINING:		
TE OF TRAINING (YYYY/MM/DD): NAME OF TRAINER:		
MPLETED BY:		
NDEM PUMP TRAINER NAME (PRINT):		
NATURE:		DATE (YYYY/MM/DD):

