

PATIENT INFORMATION		
PATIENT'S NAME (FIRST, LAST):	DATE OF BIRTH (YYYY/MM/DD):	
HEALTHCARE PROVIDER (HCP):	HCP PHONE NUMBER:	DATE ORDER REQUESTED (YYYY/MM/DD):

Self-Management/Insulin Adjustment Instructions

"Instructions for Insulin Adjustments" is based on published clinical guidelines as of the date of this worksheet. It is provided to you by your healthcare provider to assist to self-manage your medical condition and adjust your insulin doses based on your own blood glucose measurements. This is not intended to replace your healthcare provider's individual recommendations.

Please note, clinical guidelines may not be appropriate for all individuals and may change over time. In addition, you should be aware that your own personal needs may change over time due to numerous factors, including stress, illness or consumption of other medications. Therefore, you should contact your healthcare provider for any health management issues or if you intend to adjust your insulin doses other than in accordance with these specific instructions. These instructions are effective only through six months post initial pump start, and should be revised by your healthcare provider depending on your current status. If you require assistance on the operation of your t:slim X2™ insulin pump to implement these instructions, you are encouraged to contact Tandem directly.

Adjustments should be made when BGs are outside of these Target Ranges for 2-3 days (mmol/L)

Fasting/Pre-Meal: _____ to _____ mmol/L

Post-Meal: _____ to _____ mmol/L

Bedtime: _____ to _____ mmol/L

Overnight: _____ to _____ mmol/L

Instructions for Insulin Adjustments *(Use Default Guidelines if no orders are specified by physician.)*

Default Guidelines	Physician Specified Orders
<p>If Overnight, and Fasting/Pre-meal or Bedtime BG is: (assess basal rates first)</p> <p>A rate BG fluctuation of more than 1.7 mmol/L may indicate a need for adjustment. Always start with small basal adjustments to maintain a target BGs in the fasting state</p> <p>Above target → INCREASE BASAL by 10-20%*</p> <p>Below target → DECREASE BASAL by 10-20%*</p> <p>*If using less than 30 units of insulin a day, adjustments should be increased or decreased by 5%.</p>	
<p>An acceptable 2 hr. post meal rise is ~3 mmol/L above the pre-meal BG.</p> <p>If 2 hr. Post-Meal BG is:</p> <p>GREATER THAN 3.0 mmol/L above Pre-Meal BG → increase bolus amount by DECREASING or lowering the CARB RATIO by 10-20%</p> <p>LOWER THAN 3.0 mmol/L below Pre-Meal BG → decrease bolus amount by INCREASING or raising CARB RATIO by 10-20%</p>	
<p>An acceptable 4 hr. post correction BG is within 1.7 mmol/L of target BG.</p> <p>If 4 hr. Post-Correction BG is:</p> <p>GREATER THAN 1.7 mmol/L above target → increase your correction bolus amount by DECREASING or lowering CORR. FACTOR by 10%</p> <p>LOWER THAN 1.7 mmol/L below target → decrease or lower your correction bolus amount by INCREASING or raising CORR. FACTOR by 10%</p>	

Call Healthcare Provider Immediately:

- If BG below: _____
- If BG above: _____
- If symptoms of DKA (nausea/vomiting/not eating/prolonged hyperglycemia/illness)

Additional Instructions:

Follow-up appointment scheduled with HCP on:	APPOINTMENT DATE (YYYY/MM/DD):
HEALTHCARE PROVIDER SIGNATURE: X	DATE (YYYY/MM/DD):

References:
 Grunberger, G., Abelseh, J., Bailey, T., Bode, B., Handelsman, Y., Hellman, R.,...Tamborlane W., (2014) Consensus Statement by the American Association of Clinical Endocrinologist/American College of Endocrinology Insulin Pump Management Task Force. *Endocrine Practice*, 20(5), 463-489.