

INSULIN PUMP THERAPY OUTLINE

PHASE 1 – PREPARATION PHASE

- A. Individual expresses an interest in using an insulin pump or the pump is recommended by the Diabetes Health Care Team (DM HCT). Provide a copy of the following forms:
1. **Is an Insulin Pump for Me? Answers to Some Common Questions** Patient Form
 2. **Are you Ready to be a Pumper?** Patient Form
- Self-Assessment Tools to Determine Where Further Education is Needed:
3. **Carbohydrate Counting Challenge - All Ages - Current and Prepumper** Patient Form
 4. **Adult Sick Day Challenge - Prepumper** Patient Form
 5. **Adult Sick Day Challenge - Current Pumper** Patient Form
 6. **Insulin Dose Adjustment Challenge - All Ages - Prepumper** Patient Form
 7. **Adult Insulin Dose Adjustment Challenge – Current Pumper** Patient Form
 8. **Adult Activity Challenge – Prepumper** Patient Form
 9. **Adult Activity Challenge – Current Pumper** Patient Form
- B. Individual and DM HCT have discussed the benefits and challenges of insulin pump therapy and reviewed information obtained from **Are you Ready to be a Pumper?** The individual is now ready to attend a group education class or have an individual **Introduction to Insulin Pump Therapy**.
- C. **NSIPP Diabetes Centre Process Checklist** DM HCT
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PHASE 2 – MOVING FORWARD

- A. Individual has now decided to initiate Insulin Pump Therapy
- Sign Patient Agreement for an Insulin Pump** Patient and DM HCT
Physician/Diabetes Health Care Team Sample Letter DM HCT
- B. Once the pump start date has been determined provide the individual with a copy of the following:
1. **Preparing for the Pump** Patient Form
 2. **Insulin-to-Carbohydrate Worksheet (adapted from the IWK)** Patient Form
 3. **Insulin-to-Carb Ratios (adapted from the IWK)** Patient Form
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PHASE 3 – READY TO GO

- A. The following forms are to be used on the pump start day:
1. **Insulin Pump Initiation Plan** DM HCT
 2. **Continuous Subcutaneous Insulin Infusion (CSII) Education Checklist** DM HCT
 3. **Pump Start Guidelines (adapted from the IWK)** Patient Form
 4. **Insulin Pump Start Record (adapted from the IWK)** Patient Form
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PHASE 4 – ONGOING FOLLOW-UP

- A. The following may be used during a follow-up visit:
1. **Insulin Pump Follow-up Form** Patient Form
 2. **Insulin Pump Failure or Temporary Interruption (adapted from the IWK)** Patient Form
 3. **DKA Prevention When on an Insulin Pump (adapted from the IWK)** Patient Form
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