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

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

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

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