

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. **Pediatric/Adolescent Sick Day Challenge - Prepumper** Patient Form
 5. **Pediatric/Adolescent Sick Day Challenge - Current Pumper** Patient Form
 6. **Insulin Dose Adjustment Challenge - All Ages - Prepumper** Patient Form
 7. **Pediatric/Adolescent Insulin Dose Adjustment Challenge – Current Pumper** Patient Form
 8. **Pediatric/Adolescent Activity Challenge – Prepumper** Patient Form
 9. **Pediatric/Adolescent Activity Challenge – Current Pumper** Patient Form
- B. Family 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?**
1. Family now ready to attend a group education class or have an individual **Introduction to Insulin Pump Therapy**. The following videos are available online to complement education sessions:
 - Introduction: Key Messages (8:23) Web link: <http://youtu.be/JKPP5Lr-oiC>
 - Chapter 1: Challenges and Benefits (17:46) Web link: http://youtu.be/AHoRZG_OR3E
 - Chapter 2: What is a Pump? (6:40) Web link: http://youtu.be/--wuo_F3eVg
 - Chapter 3: Choosing a Pump (4:29) Web link: <http://youtu.be/w2qBEtnVLQg>
 - Chapter 4: The Team (5:36) Web link: <http://youtu.be/r2lBskCpw9E>
 - Chapter 5: Considering a Pump in NS (5:33) Web link: <http://youtu.be/7MWiVs3oiG4>
 - Chapter 6: Sick Day Management (4:23) Web link: http://youtu.be/8blwF8_ZDZo
 - Chapter 7: A School Plan (6:44) Web link: <http://youtu.be/qSrgC2t9Cfo>
 2. The **Video Overview** provides a brief summary of seven videos in the Insulin Pump Initiation for Children and Youth series.
- 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