

NSIPP DIABETES CENTRE PROCESS CHECKLIST**INSTRUCTIONS:**

- Complete for all **NEW** NSIPP applicants (new pumpers or current pumpers).
- Check (✓) G (given) and/or R (reviewed) for applicable resources.
- No need to date shaded areas (unless required for internal purposes).
- ■ indicates mandatory date (forms to be kept on file in the patient's record). Date (dd/mm/yy) when the specific form/resource was placed in the patient record.
- Initial if required. Sign and initial the back page of this form.

FORMS/RESOURCES	<input type="checkbox"/> NEW PUMPER		<input type="checkbox"/> CURRENT PUMPER*	
	GIVEN TO (G) OR REVIEWED (R) WITH PATIENT	PLACED IN CHART/RECORD	GIVEN TO (G) OR REVIEWED (R) WITH PATIENT	PLACED IN CHART/RECORD
Phase 1—Preparation Phase				
• Is an Insulin Pump for Me? Answers to Some Common Questions	<input type="checkbox"/> G <input type="checkbox"/> R			
• Are You Ready to be a Pumper?	<input type="checkbox"/> G <input type="checkbox"/> R			
• Self-assessment tools:	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
• Carbohydrate (Carb) Counting Challenge	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
• Sick Days Challenge	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
• Insulin Dose Adjustment Challenge	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
• Pump education class/sessions attended <input type="checkbox"/> Group	_____ (dd/mm/yyyy)			
• Pump video series (for children/families)	<input type="checkbox"/> G <input type="checkbox"/> R <input type="checkbox"/> N/A			
Phase 2—Moving Forward				
• Preparing for the Pump	<input type="checkbox"/> G <input type="checkbox"/> R			
• Insulin to Carbohydrate Worksheet	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
• Insulin-to-Carb Ratios	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
Phase 3—Ready to Go: Indicate Pump Start date (dd/mm/yy):				
• Insulin Pump Initiation Plan		■		
• Pump Start Guidelines		■		
• Continuous Subcutaneous Insulin Infusion (CSII) Education Checklist - completed/updated				■
• Insulin Pump Start Record		■		
Phase 4—Ongoing Follow-up				
• Insulin Pump Follow-up Form (pediatrics and adult). Indicate 1 st date used	<input type="checkbox"/> G <input type="checkbox"/> R	■	<input type="checkbox"/> G <input type="checkbox"/> R	■
• Insulin Pump Failure or Temporary Interruption	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
• DKA Prevention on an Insulin Pump	<input type="checkbox"/> G <input type="checkbox"/> R		<input type="checkbox"/> G <input type="checkbox"/> R	
Other				
• Daycare/school plan in place, if applicable	<input type="checkbox"/> R	■	<input type="checkbox"/> R	■
• NSIPP Patient Responsibility Agreement (dated/signed)	<input type="checkbox"/> G <input type="checkbox"/> R	■	<input type="checkbox"/> G <input type="checkbox"/> R	■
• Medical Eligibility Form completed/submitted	<input type="checkbox"/> R	■	<input type="checkbox"/> R	■
• Physician/Diabetes Health Care team letter to family physician sent		■		■

*Current pump users should be assessed for knowledge and skills as well as the ability to safely manage pump therapy before being approved for NSIPP support. Consider using specific challenges to assess knowledge/safety.

Patient able to safely manage pump therapy; demonstrates good judgment and low-risk taking. Y N

CORRESPONDENCE SENT/FAXED TO DIABETES SPECIALIST (NAME): _____

• Signed Insulin Order Form	Sent (dd/mm/yy):	Received (dd/mm/yy):
• Pump Start Guidelines	Sent (dd/mm/yy):	Received (dd/mm/yy):

(see other side)

