INSULIN PUMP THERAPY OUTLINE

PHASE 1 – PREPARATION PHASE

A. Parent/guardian or child/adolescent expresses an interest in using an insulin pump, or the pump is recommended by your Diabetes Health Care Team (DM HCT). Provide family with 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 (adapted from the IWK and BC Children’s Hospital) ...... Patient Form
4. Sick Days Challenge ........................................................................................................... Patient Form
5. Insulin Dose Adjustment Challenge .................................................................................. 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:
   - 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

2. The Video Overview provides a brief summary of seven videos in the Insulin Pump Initiation for Children and Youth series.

C. Family has now decided to initiate Insulin Pump Therapy.

1. Family to sign Patient/Family Agreement for an Insulin Pump................................. Patient and DM HCT
2. Physician/Diabetes Health Care Team Sample Letter .................................................. DM HCT

PHASE 2 – MOVING FORWARD

A. Once the pump start date has been determined provide the family 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 to be used on the pump start day:

1. Insulin Pump Initiation Plan ................................................................................................. DM HCT
2. Pump Start Guidelines (adapted from the IWK) ................................................................. Patient Form
3. Continuous Subcutaneous Insulin Infusion (CSII) Education Checklist .......................... DM HCT
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