

# INSULIN PUMP THERAPY OUTLINE

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## 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:
    - 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](http://youtu.be/AHoRZG_OR3E)
    - Chapter 2: What is a Pump? (6:40) Web link: [http://youtu.be/--wuo\\_F3eVg](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](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. 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

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## 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

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## 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

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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