



ENDOCRINOLOGY & DIABETES UNIT

Diabetes Clinic

Phone: 604-875-2868

Toll-free: 1-888-300-3088, x2868

Fax: 604-875-3231

<http://endodiab.bcchildrens.ca>

NAME: _____

DOB: _____

BCCH#: _____

START DATE: _____

BCCH INITIAL INSULIN PUMP SETTINGS TEMPLATE

PREDICTED SETTINGS	
Age at Start: _____ years	Age/Sex Group: _____
Current Regimen: _____	Current TDD: _____ U
Reduction: _____ %	Weight: _____ kg
Regimen-Based Pump TDD: _____ U	Weight-Based Pump TDD: _____ U
Pump TDD Chosen: _____ U	
Basal/TDD _____ %	Predicted Basal Rate: _____ U/h
ICR Prediction Factor _____	Predicted ICR: _____ g/U
ISF Prediction Factor _____	Predicted ISF: _____ mmol/L·U

ACTUAL SETTINGS					
Pump Chosen: _____			Active Insulin Time: _____		
	Start Time	Value		Start Time	Value
Basal Rate (U/h):	0000		ICR (g/U):	0000	
ISF (mmol/L·U):	0000		BG target (mmol/L):	0000	

<input type="checkbox"/> Discontinue basal insulin _____ h before pump start with no need to set a temp basal reduction upon pump initiation.	<input type="checkbox"/> Take basal insulin at a reduced dose of _____ units and set a temp basal of _____ U/h upon pump initiation.	<input type="checkbox"/> Other: please specify:
---	--	---

MD Name: _____	Sign: _____	Date: _____
----------------	-------------	-------------