

INSULIN PUMP SKILLS REVIEW – LETTER TO FAMILIES

Patient: _____ E-mail: _____

Thank you for your interest in insulin pump therapy. Your readiness assessments have been reviewed by your health care team. Based on this review the following has been decided:

- You meet the criteria to proceed with insulin pump therapy and a Special Authority form will be submitted to PharmaCare on your behalf.
- The following criteria are still outstanding:

To Do	Knowledge Item	Resources
<input type="checkbox"/>	Checks blood sugar minimum 4-6 times a day OR uses a continuous glucose monitoring system (CGMS); calibrates as suggested and checks with meter when appropriate	
<input type="checkbox"/>	Records carbohydrate intake and insulin doses consistently (enters into CGM system)	Review use of meter or CGM apps
<input type="checkbox"/>	Understands insulin action (times and duration) and adjusts insulin doses independently between clinic visits	Basal-Bolus Module 6
<input type="checkbox"/>	Understands theory of and is on basal-bolus regimen	Basal-Bolus Module 6
<input type="checkbox"/>	Shows ability to match insulin to food and performs accurate carbohydrate counting	Carbohydrate Counting Module 5
<input type="checkbox"/>	Has a plan for adjusting insulin/food for activity	Basal-Bolus Module 6
<input type="checkbox"/>	Treats hypoglycemia using <i>Clinical Practice Guidelines</i>	Hypoglycemia Handout
<input type="checkbox"/>	Responds to hyperglycemia quickly and appropriately	Sick Day Management – MDI
<input type="checkbox"/>	Is familiar with illness management and when to check for ketones	Basal-Bolus Module 6
<input type="checkbox"/>	Rotates using at least 2 injections sites (one must include stomach)	
<input type="checkbox"/>	Uploads meter/CGM reports independently at home and reviews to identify patterns	Review use of meter electronic apps
<input type="checkbox"/>	Attends diabetes clinic appointments regularly (at least twice a year)	
<input type="checkbox"/>	Is able to problem-solve general diabetes challenges	
<input type="checkbox"/>	Has attended BCCH Pump Information Workshop	

Comments:

Reviewed by:

Diabetes Educator RN: _____ Date: _____

Diabetes Educator RD: _____ Date: _____

Once outstanding items are completed, a reassessment can be done after 1 month.

Reassessment reviewed by:

Diabetes Educator RN: _____ Date: _____

Diabetes Educator RD: _____ Date: _____