

Patient Name: _____ Date of Birth: _____ Provider: _____

Starting an Insulin Pump Checklist

- Approval from your provider- which pump do they advise?
- Diagnosed for 6 months or more
- A1c <10%
- Test blood glucose 4 times per day
 - ✓ Or 2 times per day if on Dexcom G4/G5 (and calibrating twice daily)
 - ✓ Or wearing CGM 90% of the time if on Dexcom G6
 - ✓ If not currently using a CGM, test 4 times per day
- Meet with your Diabetes Provider every 6 months
- Regular attendance at all other clinic appointments, per your providers' recommendations
- On at least 2.5 units of long-acting insulin
- Attend Insulin Pump Class (Your insurance will be billed for this class)
- Fill out the Pump Independence Survey below
- Complete, and pass off 5 days of Food Records
- Complete, and pass off Blood Glucose Pattern Management page (attached)

Pump Independence Survey

I want my child on a pump? Yes No

My child wants to be on a pump? Yes No

My child is checking their blood sugar a minimum of 4 times/day, or is on a CGM? Yes No

I'm willing to spend the time necessary to learn how to properly manage a pump at home? Yes No

Most of my child's friends and our family know my child has diabetes? Yes No

We count carbohydrates prior to meals and snacks and feel comfortable doing this? Yes No

I recognize that successful management of diabetes with a pump may require more dedicated time than with injections? True / False

What are the two major motivations for you and your child to pursue pump therapy? _____

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Blood Glucose Pattern Management

Date	Breakfast	Lunch	Dinner	Bedtime
Sunday	452	101	57	103
Monday	381	132	63	99
Tuesday	207	147	247	147
Wednesday	349	52	82	136
Thursday	42	318	71	159
Friday	291	145	95	361
Saturday	315	117	42	128

What patterns do you see? _____

What areas need troubleshooting prior to making insulin dose adjustments? _____

What changes could you make to address these patterns? _____

Date	Breakfast	Lunch	Dinner	Bedtime
Sunday	121	68	127	308
Monday	107	56	67	247
Tuesday	398	43	145	65
Wednesday	95	301	132	291
Thursday	147	67	149	415
Friday	133	72	294	351
Saturday	89	79	107	208

What patterns do you see? _____

What areas need troubleshooting prior to making insulin dose adjustments? _____

What changes could you make to address these patterns? _____

Date	Breakfast	Lunch	Dinner	Bedtime
Sunday	251	103	208	41
Monday	302	149	316	63
Tuesday	197	133	57	57
Wednesday	233	97	213	208
Thursday	187	84	279	74
Friday	67	316	301	69
Saturday	317	129	197	73

What patterns do you see? _____

What areas need troubleshooting prior to making insulin dose adjustments? _____

What changes could you make to address these patterns? _____