Pre- Pump Assessment

Family/patient will meet the following requirements prior to pump training:

_____Minimum 3 visits in the past 12 months

Comments: ________________________________________________________________

_____Lab work completed annually or as recommended

_____View CD / DVD

_____Read introduction to insulin pump therapy (Medtronic, Animus, Roche)

_____Order pump

_____Pre-pump homework completed and reviewed with RD/RN

_____7 day food and insulin records accurately filled out and reviewed by RD/RN
Pre-Pump Assessment

Family/patient will demonstrate basic knowledge needed to begin pump therapy by completing questions below and reviewing with Certified Pump Trainer prior to saline start:

1) When using pump therapy, which type of insulin delivery should keep blood glucose stable when you are not eating? Basal or Bolus? _________________

2) When using pump therapy, which type of insulin delivery is used to cover food eaten or to lower a high blood glucose? Basal or Bolus? _________________

3) Which type of insulin is used in insulin pump therapy? Fast-acting or long-acting? _____________________________

4) How many times a day do you need to check your blood glucose while using an insulin pump? _____________________________

5) List four reasons why you need to check this often:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

6) What is your target blood sugar range? _____________________________

7) How many grams of rapid-acting carbohydrates should you eat when your BG is below your target? _____________________________

8) How many minutes should you wait to test your BG to see if you need to eat more? _____________________________

9) When you test again, if your blood glucose is not above 80 mg/dl, what should you do? _____________________________
10) List two things that you will carry with you to treat low blood glucose?
________________________________________________________
________________________________________________________

11) What type of food should you try to avoid when treating low blood glucose?
________________________________________________________

12) When should a Glucagon injection be given?
________________________________________________________
________________________________________________________

13) List four reasons that you may have high blood glucose when using the insulin pump?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

14) If you give a high BG correction dose of insulin with your pump, when should you recheck your blood sugar? ________________

15) If your BG does not go down after a correction dose given with the pump, what should you do? _____________________________

16) When should you check for ketones?
________________________________________________________

17) If your blood glucose is under 200 mg/dl, and you are nauseous and vomiting, what should you do right away?
________________________________________________________

18) How often should you test your blood glucose and ketones on sick days or when ketones are present? _____________________________

19) Why is there more a risk of DKA with pump users?
________________________________________________________
20) If your insulin to carbohydrate ratio is 1 unit of insulin for every 10 grams of carbohydrate, how many units would you need to take for one serving? _______
For one cup?_________

21) Which nutrient slows down the absorption of carbohydrates and causes the blood glucose to rise more slowly? _____________________________

22) What is the longest amount of time the pump should be disconnected before you check a blood sugar? ______________________

23) Which feature of the pump can be used during exercise to prevent hypoglycemia? ________________________________

24) When should you contact your Diabetes Health Care Provider?

___________________________________________________
___________________________________________________
___________________________________________________
___________________________________________________