PUMP-TRAINER ASSESSMENT

Patient:

☐ demonstrates basic diabetes knowledge.

☐ exhibits the ability to problem solve.

☐ demonstrates adequate technical skills to operate an insulin pump.

☐ performs at least 4-6 blood sugar checks each day, or is willing to do so regularly.

☐ acknowledges that a pump is a visible sign of having diabetes and is comfortable with this.

☐ verbalizes a working knowledge of carbohydrate counting, or is willing to learn.

☐ describes realistic expectations about pump therapy.

☐ has had a complete eye exam within the past 12 months and understands pump initiation depends in part on opthalmology clearance via signed letter.

☐ describes basic insulin and snack adjustments for exercise.

Plan / Goals:

Recommend prior to pump start: ☐ Eye Exam ☐ RD ☐ TN ☐ EP ☐ DO IT

Signature Date

The information contained in this message is intended for the exclusive use of the addressee or addressee's authorized agent. This message is privileged and confidential or may contain proprietary or sensitive information. It shall not be copied or disseminated except as directed by the addressee. Any unauthorized use, copying or dissemination of this message or its contents is prohibited. If you have received this fax in error, please advise the sender immediately and return this message and any copies to our office immediately.

JOSLIN DIABETES CENTER AFFILIATE at St. Vincent Charity Hospital
Phone: 216-363-3301 Fax: 216-363-3304

ST. VINCENT CHARITY
MEDICAL CENTER
2351 EAST 22ND STREET
CLEVELAND, OH 44115
stvincentcharity.com
A Ministry of the Sisters of Charity Health System

PATIENT LABEL

MR.JDCNNA