

INSULIN PUMP START – FOLLOW-UP VISIT # _____

Name: _____ M.D.: _____ Date: _____

Review of pump mechanics/infusion sets:

- Patient asked appropriate questions
- Patient reports no problems
- Patient reports the following problems:
 - > Catheter crimping yes / no
 - > Catheter dislodging yes / no
 - > Infusion site yes / no
 - >
 - >

Reviewed and evaluated SMBG and/or food records:

- Identified the following trends:
 - >
 - >

Assessed if correction factor appropriate in the upper range

Reviewed patient's calculation of bolus doses: Patient demonstrates:

- Ability to determine accurate boluses for pump using I/C and SF
- Patient needs more help with:
 - >
 - >

Discussed sick day rules: Patient is able to:

- > Describe appropriate sick day management
- > State when to call health care provider

Discussed basic exercise guidelines: Patient is able to:

- > Verbalize strategies to prevent hyper/hypoglycemia during exercise

Discussed pump removal guidelines: Patient is able to:

- > Describe rationale and correct procedure for switching to conventional insulin delivery

Catheter Site:

- irritation
- redness
- purulence/sign of infection

Basal Rate(s):

New Basal Rate(s):

Assessment/Plan:

I:Carb:
SF/Correction:

Correct to:

Pump Trainer Signature

Date

F/U

Physician Signature

Date

F/U

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PATIENT LABEL