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4B. MiniMed® 640G CGM Training Checklist

For CGM
Existing Users

Patient Name:	
Patient ID (if applicable):	
Insulin Pump Model:	
Insulin Pump Serial Number:	
BG Meter Brand:	
CGM Transmitter Serial Number:	
Certified Product Trainer:	
Infusion Set:	
Prescribing Physician:	

Training Date: _____ Start time: _____ End time: _____

Have patient check BG prior to and after training session: BG at start: _____ BG at end: _____

Check all that apply: Reviewed Getting Started with CGM _____
 Reviewed Getting Started with Medtronic CareLink® Personal _____

THE FOLLOWING HAVE BEEN PROGRAMMED AND REVIEWED

High Settings

- Time Segments & Limits
- Alert before high
- Time before high
- High Snooze
- Alert on high
- Rise Alert
- Rise Limit

Low Settings

- Time Segments & Limits
- Suspend before low
- Alert before low
- Suspend on low
- Alert on low
- Resume basal Alert
- Low Snooze

Starting the Sensor & Calibration

- Starting New Sensor & Warm-up
- Reading Home screen & icons
- Sensor Status screens
- Accessing Sensor Graphs
- Manual calibration through Bolus Wizard™ & Home screen
- Manually calibrating using Bolus Wizard™ & Home screen
- Calibrating with a linking meter (if applicable)

SUSPEND BY SENSOR TOPICS HAVE BEEN REVIEWED:

- Suspend by sensor messages
- Clearing alerts and alarms
- Siren and emergency message
- Suspend by Sensor Home screen
- Manual Resume
- Auto Resume (based on SG & 2 hour max)

COMMON ALERTS HAVE BEEN REVIEWED:

- Calibrate now
- Lost sensor signal
- Calibration not accepted
- BG not received
- Sensor Expired
- Change Sensor

ADDITIONAL TOPICS HAVE BEEN DISCUSSED:

- Connecting pump and transmitter
- Airplane Mode
- Alert Silence
- Calibration Reminder
- BG confirmations required for treatment decisions
- Single, double, and triple trend arrows
- Steps for applying overtape correctly
- Additional taping options
- Site selection, rotation, and preparation
- Removal for X-ray, CT Scan, MRI

THE FOLLOWING HAVE BEEN COMPLETED:

- Settings entered as directed on the CGM Initiation Settings Form
- Verified all settings were entered correctly
- Follow-up plan outlined and reviewed

Comments:

Patient Signature: _____ Date: _____ Trainer Signature: _____ Date: _____