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4A. MiniMed® 640G CGM Training Checklist

For New 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 _____

KEY TO SUCCESS: SENSOR GLUCOSE ≠ BLOOD GLUCOSE

Patient has verbalised understanding of:

Difference between sensor glucose (SG) and blood glucose (BG) BG confirmations required for treatment decisions

Comment: _____

KEY TO SUCCESS: TRENDS

Patient has verbalised understanding of:

Focusing on trends vs. SG Single, double, and triple trend arrows

Comment: _____

KEY TO SUCCESS: PERSONALISE ALARM AND ALERTS

Importance of Personalising Alerts

High Settings

- Time Segments & Limits
- Alert before high
- Time before high
- Alert on high
- Rise Alert
- Rise Limit
- High Snooze
- High settings have been entered

Low Settings

- Time Segments & Limits
- Suspend before low
- Alert before low
- Suspend on low
- Alert on low
- Resume basal alert (Auto & 2 hr max resume)
- Low Snooze
- Low settings have been entered

Comment: _____

KEY TO SUCCESS: SENSOR INSERTION AND DOUBLE BUTTON PRESS

Patient has verbalised understanding and demonstrated the following:

- Connecting pump and transmitter
- Site selection, rotation, and preparation
- Proper steps to sensor insertion
- Importance of Double Button Press and 5 second hold
- Applying pressure to sensor adhesive for several seconds

Comment: _____

4A. MINIMED® 640G CGM TRAINING CHECKLIST



Patient Name:	
Insulin Pump Serial Number:	

KEY TO SUCCESS: TAPING

Patient has verbalised understanding and demonstrated the following:

- | | |
|--|---|
| <input type="checkbox"/> Importance of applying overtape | <input type="checkbox"/> Connecting transmitter to sensor |
| <input type="checkbox"/> Steps for applying overtape correctly | <input type="checkbox"/> Applying adhesive tab carefully onto transmitter |
| <input type="checkbox"/> Applying pressure to overtape for several seconds | <input type="checkbox"/> Additional taping options |

Comment:

STARTING THE SENSOR

Patient has verbalised understanding and demonstrated the following:

- | | |
|--|--|
| <input type="checkbox"/> Starting New Sensor | <input type="checkbox"/> Reading the 3, 6, 12, and 24 hour Sensor Graphs |
| <input type="checkbox"/> Warm-up | <input type="checkbox"/> Reading Sensor Status screen |
| <input type="checkbox"/> Reading Home screen & icons | <input type="checkbox"/> Suspend by sensor Home screen |
| | <input type="checkbox"/> Manual Resume |

Comment:

KEY TO SUCCESS: CALIBRATION

Patient has verbalised understanding of:

- | | |
|---|---|
| <input type="checkbox"/> Importance of calibration | <input type="checkbox"/> Manually calibrating using Bolus Wizard™ & Home screen |
| <input type="checkbox"/> Calibrating with a linking meter (if applicable) | <input type="checkbox"/> Optimal times to calibrate |

Comment:

KEY TO SUCCESS: MEDTRONIC CARELINK® PERSONAL

- | | |
|--|--|
| <input type="checkbox"/> Instruct on Medtronic CareLink® upload | <input type="checkbox"/> Medtronic CareLink® Registration |
| <input type="checkbox"/> Refer to Getting Started with Medtronic CareLink® Personal resource | <input type="checkbox"/> Patient does not have online access |

Comment:

KEY TO SUCCESS: RESOURCES

- | | |
|---|---|
| <input type="checkbox"/> Available resources have been reviewed | <input type="checkbox"/> Supply ordering options have been reviewed |
|---|---|

Comment:

WHEN TO CONTACT:

- | | | |
|---|--|---|
| <input type="checkbox"/> Healthcare professional: _____ | <input type="checkbox"/> Medtronic toll free helpline: _____ | <input type="checkbox"/> NDSS for pump and meter consumables (if eligible): _____ |
|---|--|---|

Comment:

ADDITIONAL TOPICS HAVE BEEN DISCUSSED:

- | | | |
|---|--|---|
| <input type="checkbox"/> Airplane Mode | <input type="checkbox"/> Removal for X-ray, CT Scan, MRI | <input type="checkbox"/> Calibration Reminder |
| <input type="checkbox"/> Charging the transmitter | <input type="checkbox"/> Alert Silence | <input type="checkbox"/> Additional calibration options |

ALERT & SUSPEND MESSAGES:

- | | | |
|---|---|--|
| <input type="checkbox"/> Calibrate now | <input type="checkbox"/> BG not received | <input type="checkbox"/> Suspend by sensor messages |
| <input type="checkbox"/> Change Sensor | <input type="checkbox"/> Sensor Expired | <input type="checkbox"/> Siren and emergency message |
| <input type="checkbox"/> Calibration not accepted | <input type="checkbox"/> Lost sensor signal | |

THE FOLLOWING HAVE BEEN COMPLETED:

- | | |
|---|---|
| <input type="checkbox"/> Settings entered as directed on the CGM Initiation Settings Form | <input type="checkbox"/> Follow-up plan outlined and reviewed |
| <input type="checkbox"/> Verified all settings entered correctly | |

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