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# 2A. MiniMed® 640G Insulin Pump Training Checklist

For New Medtronic Pump 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:  Completed the Medtronic myLearning online modules  \_\_\_\_\_  
 Reviewed Getting Started with the MiniMed® 640G Insulin Pump

**BASIC FEATURES:**

Review and ensure understanding of:

- Button Functions
- Battery: type and insertion
- Startup Wizard
- Home Screen
- Pump unlock / Sleep mode
- Status Bar Icons
- Status Screens
- Menu Review
- Audio Options: Patient chose \_\_\_\_\_
- Device Options – Connect Device (if using linked meter)

**KEY TO SUCCESS: BASAL**

Patient has demonstrated the ability to:

- Set up Basal Pattern
- Review and Save
- Set multiple rates
- Change basal rates
- Max Basal: \_\_\_\_\_ units
- Temp Basal

Comment: \_\_\_\_\_

**KEY TO SUCCESS: BOLUS**

Patient has verbalised understanding of:

- A food bolus and how it is calculated
- A correction bolus and how it is calculated
- Active Insulin

Patient has demonstrated the ability to:

- Deliver boluses using Manual Bolus
- Set up and give boluses using Bolus Wizard™
  - BG and Carb
  - BG Only
  - Carb Only
- Max Bolus: \_\_\_\_\_ units
- Use Remote Bolus (as needed)

Comment: \_\_\_\_\_

**KEY TO SUCCESS: INFUSION SET**

Patient has verbalised understanding of:

- Infusion set change frequency
- Importance of site rotation

Patient has demonstrated the ability to:

- Change an infusion set: \_\_\_\_\_
- Fill Cannula Volume: \_\_\_\_\_
- Fill reservoir and change infusion set with minimal assistance

Comment: \_\_\_\_\_

## 2A. MINIMED® 640G INSULIN PUMP TRAINING CHECKLIST



Patient Name:	
Insulin Pump Serial Number:	

### KEY TO SUCCESS: LINKED BG METER

- |                                                                                        |                                                                          |
|----------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Patient verbalises importance of BG testing and testing times | <input type="checkbox"/> Patient's BG testing schedule has been reviewed |
| <input type="checkbox"/> Charging the battery on the meter has been reviewed           |                                                                          |

**Comment:**

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### KEY TO SUCCESS: SAFETY (to be covered with your Healthcare Professional)

*Patient has verbalised understanding of:*

- |                                                 |                                                                     |
|-------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Hypoglycaemia          | <input type="checkbox"/> Steps to take to treat hypoglycaemia       |
| <input type="checkbox"/> Hyperglycaemia and DKA | <input type="checkbox"/> Steps to take when BGs are above 11 mmol/L |

**Comment:**

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### KEY TO SUCCESS: ALERTS & ALARMS

*Patient has verbalised understanding of:*

- |                                             |                                                                     |
|---------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Notification Light | <input type="checkbox"/> Display Icon                               |
| <input type="checkbox"/> Audio Indication   | <input type="checkbox"/> Steps to take to address an alert or alarm |

**Comment:**

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### KEY TO SUCCESS: MEDTRONIC CARELINK® PERSONAL

- |                                                                                |                                                                                     |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Value of using Medtronic CareLink® has been discussed | <input type="checkbox"/> Patient has been provided resources for sign-up and upload |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

**Comment:**

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### WHEN TO CONTACT:

- Healthcare professional: \_\_\_\_\_  Medtronic toll free helpline: \_\_\_\_\_  NDSS for pump and meter consumables (if eligible): \_\_\_\_\_

**Comment:**

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### ADDITIONAL TOPICS HAVE BEEN DISCUSSED:

- |                                                                                            |                                                                                 |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Suspend Delivery (manual suspend) and Resume                      | <input type="checkbox"/> Back-up plan                                           |
| <input type="checkbox"/> Auto Suspend                                                      | <input type="checkbox"/> Sick day guidelines                                    |
| <input type="checkbox"/> Appropriate times to manually suspend and maximum duration: _____ | <input type="checkbox"/> Using belt clip / activity guard / skins & accessories |
| <input type="checkbox"/> Removal for X-ray, CT scan, MRI                                   |                                                                                 |

### THESE ADDITIONAL FEATURES WERE COVERED IN THIS TRAINING:

#### History & Reminders

- Summary
- Daily History
- Alarm History
- Bolus BG Check: OFF / ON
- Missed Meal Bolus Reminder
- Low Reservoir Reminder
- Set Change: OFF / ON

#### Insulin Settings

- Preset Temp Setup
- Preset Bolus Setup
- Dual/Square Wave: OFF / ON
- Bolus Increment: \_\_\_\_\_ units
- Easy Bolus OFF / ON
- Bolus Speed

#### Utilities

- Airplane Mode (if using linked meter)
- Block: OFF / ON
- Self Test
- Event Markers

### THE FOLLOWING HAVE BEEN COMPLETED:

- |                                                                                                   |                                                                                 |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Settings entered as directed on the <i>Pump Initiation Settings Form</i> | <input type="checkbox"/> Settings entered in <i>Insulin Pump Settings Guide</i> |
| <input type="checkbox"/> Verified all settings to be correct                                      | <input type="checkbox"/> Follow-up plan outlined and reviewed                   |
| <input type="checkbox"/> Active insulin has been cleared                                          |                                                                                 |

**CGM Training Schedule For:**  **Same Day**  **Different Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  **Not planned yet**

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Trainer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_