1. Pre-Pump Training Checklist

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 ☐ _________________________________

BALANCING GLUCOSE AND INSULIN

Patient has verbalised understanding of:
☐ The body’s need for glucose ☐ The purpose of basal insulin ☐ The benefits of insulin pump
☐ The role of insulin ☐ The purpose of bolus insulin ☐ Use of rapid acting insulin
☐ The importance of glucose/insulin balance ☐ The role of glucagon

CARBOHYDRATE COUNTING

Patient has demonstrated the ability to:
☐ Identify foods containing carbohydrate ☐ Estimate carbs ☐ Use a food label to count carbohydrate-grams accurately

CALCULATING BOLUSES

Patient has verbalised understanding of:
☐ A food and a correction bolus ☐ Insulin to Carb Ratio
☐ Insulin Sensitivity Factor ☐ Active Insulin

Patient has demonstrated the ability to:
☐ Calculate a food bolus using an ICR ☐ Calculate a correction bolus using the ISF and target BG
☐ Disconnection Plan ☐ Infusion Set Choice : _____________________________

MANAGING INSULIN PUMP THERAPY

Patient has verbalised understanding of:
☐ The importance of BG monitoring and testing times ☐ Hyperglycaemia and common causes
☐ Hypoglycaemia and common causes ☐ DKA and DKA prevention
☐ The steps to take when BG above 11 mmol/L

BASIC BUTTON PRESSING

The following have been reviewed:
☐ Pump System Review ☐ Home Screen Icons ☐ Setting a Basal Rate
☐ Battery Insertion ☐ Main Menu ☐ Giving a Bolus
☐ Infusion Set / Reservoir

WHEN TO CONTACT:

☐ Healthcare professional: _______ ☐ Medtronic toll free helpline: _____ ☐ NDSS for pump and meter consumables (if eligible): _______

Pump start training schedule for: ☐ Date: ___________ Time: ___________

Additional Comments: _____________________________________________________________

_____________________________________________________________________________________

Patient Signature: __________________________ Date: ___________ Trainer Signature: __________________________ Date: ___________

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