

Type 2 Insulin Pump Initiation Settings Form

HbA1c:

Prescriber's Instructions to Type 2 Patient

Patient Name: Weight: Height: BMI: DOB/Age:

Current Insulin Regimen						
Premix (2 or 3/day)	Basal: Lantus / Levemir / NPH / Humulin N	Bolus: Humalog / Novorapid (Novolog) / Apidra			Pre-Pump Total Daily Dose (TDD)	
Total	Morning	Bedtime	Breakfast:	Lunch:	Dinner:	Basal + Bolus =
units	units am	units HS	units	units	units	units/day

Pump TDD (select ONE of the following)

Injection Dose Method 0.8: Nonadherent with dosing, HbA1c 7–9%
 1.0: Adherent with dosing, HbA1c >9%

OR

Weight Method 0.5: Normal build, at risk for hypoglycaemia
 0.7: Overweight, insulin resistant
 1.0: Obese, very insulin resistant, HbA1c >9%

Pump TDD = units/day x = units/day
Prepump TDD 0.8 – 1.0

Pump TDD = kg x units/kg/day = units/day
Patient weight 0.5 – 1.0

Basal Rate (hourly)

Total Daily Basal = x 50% = units/day
Pump TDD % Basal

Hourly Basal Rate = units ÷ 24 hrs = units/hr
Total Daily Basal

Bolus Dose (per meal)

Total Daily Bolus = x 50% = units/day
Pump TDD % Bolus

Bolus Dose/Meal = units ÷ 3 = units/meal
Total Daily Bolus

If portion size varies, modify doses to fit patient's diets and habits

	Breakfast:	Lunch:	Dinner:	Snack:
Units:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medication Adjustment Checklist

STOP: Premix/intermediate/long-acting insulin day of pump start. **CONTINUE:** Metformin.

CONSIDER STOPPING:	YES	NO	CONSIDER CONTINUING:	YES	NO
Sulfonylureas (Amaryl)	<input type="checkbox"/>	<input type="checkbox"/>	Incretin mimetics (GLP1)	<input type="checkbox"/>	<input type="checkbox"/>
Meglitinides (Prandin)	<input type="checkbox"/>	<input type="checkbox"/>	Insulin sensitizer (TZD)	<input type="checkbox"/>	<input type="checkbox"/>
			Incretin enhancers (DPP-4)	<input type="checkbox"/>	<input type="checkbox"/>

BG Targets

ADA BG Targets (Pre-prandial 3.9–7.2 mmol/L, post-prandial < 10.0 mmol/L, bedtime 5.6–7.8 mmol/L)

Fasting/Pre-prandial to mmol/L Post-prandial mmol/L Bedtime (HS) to mmol/L

Pump Adjustments: Make adjustments when 2 out of 3 days of BG are outside these ranges

1. Overnight Basal → 2. Daytime Basal → 3. Bolus Dose

- If pre-breakfast BG > 7.2, increase overnight basal 10–20% (12am–8am).
If pre-breakfast BG < 3.9, decrease overnight basal 10–20% (12am–8am)
- If all pre-meal BG > 7.2, increase basal 10–20% (8am–12am).
If all pre-meal BG < 3.9, decrease basal 10–20% (8am–12am)
- If next period pre-meal BG > 7.2, increase prior meal bolus 10–20%.
If next period pre-meal BG < 3.9, decrease prior meal Bolus 10–20%.
If post-meal (1.5 hr–2 hr) BG ≥ 10.0, increase bolus 10–20%. If post-meal BG < 3.9, decrease bolus 10–20%

Notes

These instructions shall be valid for 6 months unless otherwise specified here: months.

Prescriber Name: Signature: Date:

Call your physician or health care provider for severe low BG. Call Medtronic for technical issues.