

Last Name <i>(Legal)</i>		First Name <i>(Legal)</i>	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB <i>(dd-Mon-yyyy)</i>	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

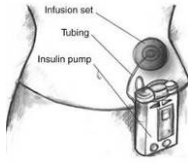
Insulin Pump Information Sheet

- This form must be completed by a Patient (Guardian/Caregiver if under 18) who has agreed, along with the most responsible health practitioner, that they will be responsible for self management of insulin pump while in hospital. Patient (Guardian/Caregiver if under 18) must provide their own pump, and pump supplies while in hospital.
- Patient (Guardian/Caregiver if under 18) will provide pump information and pump settings, and return completed form to the nurse, who will place or file in chart

Pump Information							
Manufacturer		Model Number			Customer Support Phone		
Insulin Type <i>(check one)</i> <input type="checkbox"/> lispro <i>(HumaLOG®)</i> <input type="checkbox"/> aspart <i>(Novorapid®)</i> <input type="checkbox"/> Other <i>(specify)</i> _____		Do you use a CGM or Flash? <input type="checkbox"/> Yes <input type="checkbox"/> No Low Glucose Suspend? <input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> Not Applicable		Auto Off feature <input type="checkbox"/> On <input type="checkbox"/> Off <i>(pump shuts off after _____ hours)</i> <input type="checkbox"/> Automode <input type="checkbox"/> Algorithm			
Typical Total Daily Dose of Insulin _____ units/24 hours							
Pump Settings							
Basal Rate(s) units/hr		Insulin:Carbohydrate Ratio (ICR)		Correction/Insulin Sensitivity Factor(s) (ISF)		Target Glucose mmol/L	
Time <i>(hh:mm)</i>	Rate	Time <i>(hh:mm)</i>	1 unit:gram carb	Time <i>(hh:mm)</i>	1 unit lowers glucose by this amount (mmol/L)	Time <i>(hh:mm)</i>	Glucose
						Insulin Active Time <i>(hrs)</i>	
Bolus Insulin (Not using ICR)							
Units _____ <input type="checkbox"/> With Breakfast/feed at Time <i>(hh:mm)</i> _____		Units _____ <input type="checkbox"/> With Lunch/feed at Time <i>(hh:mm)</i> _____		Units _____ <input type="checkbox"/> With Dinner/feed at Time <i>(hh:mm)</i> _____		Units _____ <input type="checkbox"/> With Other _____ at Time <i>(hh:mm)</i> _____	
Patient/Guardian/Caregiver Name <i>(print)</i>			Patient/Guardian/Caregiver Signature			Date <i>(yyyy-Mon-dd)</i>	

Insulin Pump Terminology

Key Message: *“If pump stopped, must replace basal insulin within 2 hours to prevent Diabetic Ketoacidosis (DKA)”*

<p>Continuous subcutaneous insulin infusion (CSII) pump (also known as insulin pump)</p> 	<p>A battery operated programmable device that delivers only rapid-acting insulin 24 hours a day. The insulin is held in a reservoir and is delivered through a removable soft cannula (or needle) inserted into the subcutaneous layer of the skin, which is changed by the patient every 48-72 hours, or sooner as needed. With most pumps, this cannula is connected to a plastic tubing (infusion set) that is attached to the pump where the insulin is held. Other pumps use an insulin-containing pod taped directly to the skin (the pod holds the insulin and a handheld device is used for programming the pump). The insulin pump is programmed to deliver basal and bolus insulin.</p>
<p>Basal rate/basal insulin infusion</p>	<p>The pump delivers small amounts of insulin in a continuous fashion. This continuous background insulin infusion is measured in units/h. Rates are variable and differ between individuals and differ across a 24-h period within the same individual. Some individuals have different basal profiles for different times or activities (e.g. work vs. non-work days, exercise, illness, etc.). Only rapid acting insulin is used in the pump. There is no long or intermediate-acting insulin used in the pump.</p>
<p>Bolus insulin</p>	<p>This is the amount of insulin given for a meal or snack. The patient determines this dose based on the estimated amount of carbohydrates to be consumed for that meal/snack and is calculated from their individual Insulin:Carbohydrate ratio (ICR). EXAMPLE: ICR 1:10 = 1 unit of insulin/10g of carbohydrate</p>
<p>Correction insulin <i>(and Insulin Sensitivity Factor)</i></p>	<p>The anticipated amount of insulin needed to correct for hyperglycemia. This is based on the Insulin sensitivity factor (ISF). Individualized ISF allows calculation of a correction dose expected to reduce glucose by X mmol/L EXAMPLE: ISF = 2.5, 1 unit of insulin should reduce glucose by 2.5 mmol/L</p>
<p>Continuous Glucose Monitoring System (CGM)</p> <p>Or</p> <p>Flash Glucose Monitoring System (Flash)</p>	<p>Monitors interstitial glucose values. A transcutaneous glucose sensor is inserted under the skin. It measures interstitial glucose every 1-5 minutes, with readings sent wirelessly either to an insulin pump or to a device (automatically or manually by scanning the sensor with a reader/smartphone/watch). There are two major types of CGM (real-time CGM or intermittent CGM/Flash). This technology is rapidly growing and changing. At the present time and for most CGM available, the glucose readings provided are used to prompt capillary glucose testing and rate of change indicators can aid user in insulin self-adjustment. Currently this technology does not eliminate the need for confirmation of glucose by capillary testing prior to insulin adjustment for most available CGM. See www.ipumpit.ca.</p>