

# OMNIPOD DASH® SYSTEM PRE-POD ASSESSMENT

Confidential: Protected Health Information



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Assessment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Diabetes: \_\_\_\_\_ # of years with Diabetes: \_\_\_\_\_ Recent Diabetes & Nutrition Education?  Y  N

## CURRENT THERAPY

### How do you currently dose your insulin?

- MDI (pens/vials)
  - Long acting Type/Amount/Time \_\_\_\_\_
  - Rapid-acting Type/Amount/Time \_\_\_\_\_
    - How do you determine insulin for meals? For correction?
    - ICR +CF \_\_\_\_\_  Set doses \_\_\_\_\_  Sliding Scale
    - Carb counting:  Y  N, (24 hr recall if needed)
  - In a week, how often do you miss basal insulin? \_\_\_\_\_  
Bolus insulin? \_\_\_\_\_
  - Where do you inject your insulin? \_\_\_\_\_
- Insulin Pump \_\_\_\_\_
  - # years \_\_\_\_\_
  - Sites used \_\_\_\_\_
  - How often do you disconnect? \_\_\_\_\_ How long? \_\_\_\_\_
  - What features do you currently use on your pump?  
(bolus calculator/advanced features) \_\_\_\_\_
- Oral/Injectable medications? \_\_\_\_\_

### How do you currently monitor your glucose values?

- CGM \_\_\_\_\_
  - Time in Range % above \_\_\_\_\_ % within \_\_\_\_\_ % below \_\_\_\_\_
- BG Meter
  - # tests per day \_\_\_\_\_
  - BG range? (Lowest/Highest within last 2 weeks) \_\_\_\_\_

## CURRENT MANAGEMENT

- Current A1c: \_\_\_\_\_ Current weight: \_\_\_\_\_ Recent change in weight?  Y  N
- Hypoglycemia: What BG level do you treat a low and how? \_\_\_\_\_  
How many lows (below 70 mg/dL) per week? \_\_\_\_\_
- Hyperglycemia: What do you do when your BG is high? \_\_\_\_\_ Ketone protocol?  Y  N Sick day protocol?  Y  N
- Any hospitalizations in the last year due to diabetes?  Y  N Any diabetes complications?  Y  N
- What is the most challenging part of managing your diabetes? \_\_\_\_\_
- What would you like to achieve with Omnipod®? \_\_\_\_\_

## PUMP THERAPY KNOWLEDGE

### Can you explain the following concepts? (Review as needed)

- Pump therapy concepts: Basal/bolus, insulin on board, insulin to carb ratio, correction factor, duration of insulin action
- Pump Safety/Troubleshooting: Hypo/Hyperglycemia, DKA, site issues, backup supplies

## ONBOARDING PREPARATION TRAINER (Use the following checklist to prepare the patient for onboarding)

- Review supplies needed for training (plus rapid-acting vials, pump therapy orders)
- Set expectations for completing pre-work prior to onboarding
- Assign pre-work \_\_\_\_\_
- Discuss training format options
  - Access to computer with camera and reliable internet connectivity?  Y  N If virtual, send training consent
- Schedule training \_\_\_\_\_
  - Review instructions for adjusting insulin prior to onboarding (if applicable)

Trainer Name (print): \_\_\_\_\_ Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_