

# OMNIPOD DASH™ PRE-POD CHECKLIST

Confidential: Protected Health Information



Training Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name (Print) \_\_\_\_\_ DOB \_\_\_\_\_

Type of diabetes		
<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Other
Years since diagnosis _____		
Current Therapy		
<input type="checkbox"/> MDI (Insulin types/injections) _____		
<input type="checkbox"/> Pump (make/model/years on pump) _____		
<input type="checkbox"/> Other Medications _____		
<input type="checkbox"/> Complications _____		
Patient Preparation		
<input type="checkbox"/> Reviewed Omnipod DASH™ User Guide	<input type="checkbox"/> Completed online training	<input type="checkbox"/> Downloaded apps
Diabetes Education Review	Pump Therapy Concepts Review	
<input type="checkbox"/> Blood glucose (BG) testing <input type="checkbox"/> Treating hypoglycemia <input type="checkbox"/> Treating hyperglycemia & ketone testing <input type="checkbox"/> Nutrition education – carbohydrate counting, food labels, portion sizes <input type="checkbox"/> Sick day management <input type="checkbox"/> Exercise <input type="checkbox"/> Backup supplies	<input type="checkbox"/> Basal/bolus therapy <input type="checkbox"/> Insulin action (rapid acting) <input type="checkbox"/> Insulin on board (IOB) <input type="checkbox"/> Insulin to carb (IC) ratio <input type="checkbox"/> Correction factor (CF) <input type="checkbox"/> Target BG <input type="checkbox"/> Meal bolus/correction bolus	
Omnipod® Insulin Management System Overview		
<input type="checkbox"/> Pod <input type="checkbox"/> Bluetooth™ technology, Omnipod DASH™ label on pod package, blue needle cap, fill needle/syringe, fill port, adhesive, pink slide insert, waterproof IP28	<input type="checkbox"/> Personal Diabetes Manager (PDM) <input type="checkbox"/> Rechargeable battery, Bluetooth™ technology, touchscreen navigation	<input type="checkbox"/> BG Meter <input type="checkbox"/> Contour Next One® BG meter (Bluetooth™ sync)

Comments/Assessment: \_\_\_\_\_

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Trainer Name (Print) \_\_\_\_\_ Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_