OMNIPOD® 5 AUTOMATED INSULIN DELIVERY SYSTEM POD FOLLOW-UP

Confidential: Protected Health Information

Date Trained: ____/____/____ **Date of follow-up:** ____/____/____ ☐ In-person ☐ Remote/virtual

Patient Name *(print)*:_____ **DOB:** _____

Questions/Concerns:_____

DIABETES MANAGEMENT REVIEW

☐ Blood glucose (BG) monitoring
☐ Sensor use
☐ Backup supplies

☐ Hypoglycemia - symptoms/treatment
☐ Hyperglycemia - symptoms/treatment & ketone testing

☐ Nutrition education
☐ Sick day management /DKA prevention

SYSTEM OPTIMIZATION

Meals
☐ Bolus delivery and timing
☐ Extended bolus *(Manual Mode)*

Activity
☐ Activity feature *(Automated Mode)*
☐ Temp basal *(Manual Mode)*

Site Management
☐ Selection/rotation *(Pod and sensor)*
☐ Skin preparation
☐ Adhesion

Troubleshooting
☐ Viewing sensor and insulin data
☐ Notifications and alarms
☐ Time in Automated Mode vs. Manual Mode

EXISTING SETTINGS

Max Basal Rate = _____ U/hr

Basal Rates
12:00 am - _____ = _____ U/hr
_____ - _____ = _____ U/hr
_____ - _____ = _____ U/hr
_____ - _____ = _____ U/hr

Target Glucose *(select one Target Glucose for each segment)* **Correct Above**
12:00 am - _____ = ☐110 ☐120 ☐130 ☐140 ☐150 mg/dL _____ mg/dL
_____ - _____ = ☐110 ☐120 ☐130 ☐140 ☐150 mg/dL _____ mg/dL
_____ - _____ = ☐110 ☐120 ☐130 ☐140 ☐150 mg/dL _____ mg/dL
_____ - _____ = ☐110 ☐120 ☐130 ☐140 ☐150 mg/dL _____ mg/dL

(Target Glucose is the ideal glucose value desired. Correct Above is the glucose value above which a correction bolus is desired.)

Insulin to Carb Ratio
12:00 am - _____ = _____ g/unit
_____ - _____ = _____ g/unit
_____ - _____ = _____ g/unit
_____ - _____ = _____ g/unit

Correction Factor
12:00 am - _____ = _____ mg/dL/unit
_____ - _____ = _____ mg/dL/unit
_____ - _____ = _____ mg/dL/unit
_____ - _____ = _____ mg/dL/unit

Duration of Insulin Action
_____ hrs

Max Bolus = _____ units

DATA MANAGEMENT

☐ Existing settings reviewed ☐ BG/sensor review & pattern management ☐ Review HCP adjustment instructions

ADJUSTED SETTINGS ☐ No settings adjusted ☐ Patient adjusted selected settings below

Max Basal Rate = _____ U/hr

Basal Rates
12:00 am - _____ = _____ U/hr
_____ - _____ = _____ U/hr
_____ - _____ = _____ U/hr
_____ - _____ = _____ U/hr

Target Glucose *(select one Target Glucose for each segment)* **Correct Above**
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_____ - _____ = _____ mg/dL/unit
_____ - _____ = _____ mg/dL/unit

Duration of Insulin Action
_____ hrs

Max Bolus = _____ units

Additional Notes: _____

_____

Trainer Name *(print)*: _____ **Trainer Signature:** _____

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