OMNIPOD° 5 AUTOMATED INSULIN DELIVERY SYSTEM PRE-POD ASSESSMENT

Confidential: Protected Health Information

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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 ins ☐ MDI (pens/vials) ☐ Long acting Type/Amount/Time ☐ Rapid-acting Type/Amount/Time ☐ How do you determine insulin for me ☐ ICR +CF ☐ Set doses ☐ Carb counting: ☐ Y ☐ N (24 hr recall i) ☐ In a week, how often do you miss basal Bolus insulin? ☐ Where do you inject your insulin? ☐ How do you currently monitor your ☐ Sensor Sensor % within	Insuling Autor	n pump
☐ Hyperglycemia: What do you do when you☐ Any hospitalizations in the last year due to☐ What is the most challenging part of mana	at a low and how? ng/dL) per week? r BG is high? diabetes? □ Y □ N Any diabetes ging your diabetes?	Ketone protocol? □ Y □ N Sick day protocol? □ Y □ N
PUMP THERAPY KNOWLEDGE		
Can you explain the following conce □ Pump therapy concepts: Basal/bolus, insul □ Pump Safety/Troubleshooting: Hypo/hype □ AID systems: Sensor, Automated Mode, Mo ONBOARDING PREPARATION TRAI	n on board, insulin to carb ratio, conglycemia, DKA, site issues, backup anual Mode NER (Use the following checklist to p	repare the patient for onboarding)
 □ Discuss intended system use (indications, of the state of the system) □ Set expectations (user interactions required, of the state of the system) □ Set up successful start (onboarding website, of the system) □ Discuss training format options □ Access to computer with camera and result of the system of the syste	glucose control, follow-up) Omnipod ID, link data management ptions, and additional educational re diable internet connectivity? -acting vials, pump therapy orders)	accounts, view training options, review eLearning modules, esources)
Trainer Name (print):	Trainer Signature:	Date: