

PRE-POD CHECKLIST

Confidential: Personal 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"/> Completed online Tutorials	
Diabetes Education Review	Pump Therapy Concepts Review
<input type="checkbox"/> Blood glucose (BG) testing	<input type="checkbox"/> Basal/bolus therapy
<input type="checkbox"/> Treating hypoglycaemia	<input type="checkbox"/> Insulin action (rapid acting)
<input type="checkbox"/> Treating hyperglycaemia & ketone testing	<input type="checkbox"/> Insulin on board (IOB)
<input type="checkbox"/> Nutrition education – carbohydrate counting, food labels, portion sizes.	<input type="checkbox"/> Insulin to carb ratio
<input type="checkbox"/> Sick day management	<input type="checkbox"/> Correction factor
<input type="checkbox"/> Exercise	<input type="checkbox"/> Target BG
<input type="checkbox"/> Backup supplies	<input type="checkbox"/> Meal bolus/correction bolus
Omnipod DASH® Insulin Management System Overview	
<input type="checkbox"/> Pod	<input type="checkbox"/> Personal Diabetes Manager (PDM)
<input type="checkbox"/> Fill needle/syringe, fill port, adhesive, pink slide insert, waterproof IP28	<input type="checkbox"/> Batteries, button layout, BG meter

Comments/Assessment: _____

Trainer Name (Print) _____ Trainer Signature _____ Date _____