

Omnipod® Personal Diabetes Manager Settings Form



Confidential: Personal Information

Patient Name

Date

Physician name

Phone Number

Hospital

Patient Weight (Kg)

(only required if using weight based calculations)

Current Regimen

Pre-pump total daily dose

units

Current insulin pump total daily basal rate dose

U/day

Omnipod® Personal Diabetes Manager Settings*

1 > Max Basal Rate		_____ U/hr
2 > Basal 1	Time Segment	
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	_____ to _____	_____ U/hr
	3 > Temporary Basal Rate	On Off

4 > BG Goal Range	Lower Limit _____ mmol/L	Upper Limit _____ mmol/L	
5 > Suggested Bolus Calculator	On Off		
6 > Target BG and Correct Above	Time Segment	Target	Correct Above
	_____ to _____	_____ mmol/L	_____ mmol/L
	_____ to _____	_____ mmol/L	_____ mmol/L
	_____ to _____	_____ mmol/L	_____ mmol/L
7 > Min BG for Bolus Calculations	_____ mmol/L		
8 > Insulin -to-Carbohydrate (IC) Ratio	Time Segment	1 unit of Insulin covers	
	_____ to _____	_____ g/carb	
	_____ to _____	_____ g/carb	
	_____ to _____	_____ g/carb	
	_____ to _____	_____ g/carb	
	_____ to _____	_____ g/carb	
	_____ to _____	_____ g/carb	
	_____ to _____	_____ g/carb	
9 > Correction Factor	Time Segment	1 unit of insulin decreases BG by	
	_____ to _____	_____ mmol/L	
	_____ to _____	_____ mmol/L	
	_____ to _____	_____ mmol/L	
	_____ to _____	_____ mmol/L	
	_____ to _____	_____ mmol/L	
	_____ to _____	_____ mmol/L	
	_____ to _____	_____ mmol/L	
10 > Reverse Correction	On Off		
11 > Duration of Insulin Action	_____ Hours		
12 > Maximum Bolus	_____ Units		
13 > Extended Bolus	On Off	%	U/hr
14 > Low Volume Reservoir Alert	_____ Units	Preset at 10 Units. Can be changed from 10-50 Units after initial set-up	
15 > Expiry Alert	_____ Hours	Preset at 4 Hours. Can be changed from 1-24 Hours after initial set-up	

*All settings to be provided by HCP

Helpline No.	Other Contact No.
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Please advise of any follow up plan that you would like the CSM to re-iterate to the patient on completion of this training:

Please be reminded that all clinical decisions relating to the above-named patient remain the full responsibility of the diabetes team at the above-named hospital.