OMNIPOD® 5 AUTOMATED INSULIN DELIVERY SYSTEM PUMP THERAPY ORDER FORM

omnipod 5

Confidential: Protected Health Information

Patient Name *(print)*: _____

Date: ____/____/____ **Patient Date of Birth:** _____ **Patient Weight:** _____

Current Regimen: _____ = _____ units Total Daily Dose (Pre-Pump)

DOSING CALCULATION SECTION *(optional)*

Total Daily Dose (TDD) for Pump Calculations

Pre-Pump TDD = _____ units	**Weight-based** _____ kg OR _____ lbs
Pre-Pump TDD x 0.75 = Pump TDD _____ units/day x 0.75 = _____ units *Pre-Pump TDD* *Pump TDD*	**Weight: kg x 0.5 or lbs x 0.23** _____kg x 0.5 = _____ units OR_____ lbs x 0.23 =_____ units *Pump TDD* *Pump TDD*
If Pre-Pump TDD and Weight-based are compared, consider the following:	☐ Average value of Pre-Pump and weight-based methods ☐ Hypoglycemic patients – use more conservative lower value ☐ Hyperglycemic patients, elevated A1c – use higher value
Pump TDD = _____ units	

Basal Rate

Total Daily Basal *(Pump TDD x 50% = Total Daily Basal)*	_____ units/day x 0.5 = _____ units *Pump TDD* *Total Daily Basal*
Initial Basal Rate *(Total Daily Basal / 24 hours = Initial Basal Rate)*	_____ units/24 hours = _____ U/hr *Total Daily Basal* *Initial Basal Rate*

Bolus Settings

Insulin to Carb Ratio *(450/Pump TDD = Insulin to Carb Ratio)*	450/_____ units/day = _____ grams/unit *Pump TDD* *Insulin to Carb Ratio*
Correction Factor *(1700/Pump TDD = Correction Factor)*	1700/_____ units/day = _____ mg/dL/unit *Pump TDD* *Correction Factor*

INITIAL PUMP SETTINGS *(required)*

☐ **TRANSFER PUMP SETTINGS** *(completion of Target Glucose section still required if transfer pump settings selected)*
OR ☐ **USE THE FOLLOWING BASAL AND BOLUS SETTINGS**

Max Basal Rate = _____ U/hr

Basal Rates	**Target Glucose** *(select one Target Glucose for each segment)*	**Correct Above**
12:00 am - _____ = _____ U/hr	12:00 am - _____ = ☐ 110 ☐ 120 ☐ 130 ☐ 140 ☐ 150 mg/dL	_____ mg/dL
_____ - _____ = _____ U/hr	_____ - _____ = ☐ 110 ☐ 120 ☐ 130 ☐ 140 ☐ 150 mg/dL	_____ mg/dL
_____ - _____ = _____ U/hr	_____ - _____ = ☐ 110 ☐ 120 ☐ 130 ☐ 140 ☐ 150 mg/dL	_____ mg/dL
_____ - _____ = _____ U/hr	_____ - _____ = ☐ 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	**Correction Factor**	**Duration of Insulin Action**	**Max Bolus =**	**Reverse Correction**
12:00 am - _____ = _____ g/unit	12:00 am - _____ = _____ mg/dL/unit	_____ hrs	_____ units	*Default ON*
_____ - _____ = _____ g/unit	_____ - _____ = _____ mg/dL/unit			*Check here to turn OFF* ☐
_____ - _____ = _____ g/unit	_____ - _____ = _____ mg/dL/unit			
_____ - _____ = _____ g/unit	_____ - _____ = _____ mg/dL/unit			

Specific instructions *(if any)*: _____
_____
_____

Prescriber Name *(print)*:_____ **Prescriber signature:** _____ **Date:** _____