

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Blood glucose (BG) monitoring | <input type="checkbox"/> Hypoglycemia - symptoms/treatment | <input type="checkbox"/> Nutrition education |
| <input type="checkbox"/> CGM use | <input type="checkbox"/> Hyperglycemia - symptoms/treatment & ketone testing | <input type="checkbox"/> Sick day management /DKA prevention |
| <input type="checkbox"/> Backup supplies | | |

SYSTEM OPTIMIZATION

- | | | | |
|---|--|---|---|
| Meals
<input type="checkbox"/> Bolus delivery and timing
<input type="checkbox"/> Extended bolus (Manual Mode) | Activity
<input type="checkbox"/> Activity feature (Automated Mode)
<input type="checkbox"/> Temp basal (Manual Mode) | Site Management
<input type="checkbox"/> Selection/rotation (Pod and CGM)
<input type="checkbox"/> Skin preparation
<input type="checkbox"/> Adhesion | Troubleshooting
<input type="checkbox"/> Viewing CGM and insulin data
<input type="checkbox"/> Notifications and alarms
<input type="checkbox"/> 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 - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 150 mg/dL _____ mg/dL _____ - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 150 mg/dL _____ mg/dL _____ - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 150 mg/dL _____ mg/dL _____ - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 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/CGM 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 12:00 am - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 150 mg/dL _____ mg/dL _____ - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 150 mg/dL _____ mg/dL _____ - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 150 mg/dL _____ mg/dL _____ - _____ = <input type="checkbox"/> 110 <input type="checkbox"/> 120 <input type="checkbox"/> 130 <input type="checkbox"/> 140 <input type="checkbox"/> 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
---	---	--	--------------------------------

Additional Notes: _____

Trainer Name (print): _____ Trainer Signature: _____