

OMNIPOD® 5 AUTOMATED INSULIN DELIVERY SYSTEM PRE-POD ASSESSMENT



Confidential: Protected Health Information

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 insulin?

- MDI (pens/vials)
 - Long acting Type/Amount/Time _____
 - Rapid-acting Type/Amount/Time _____
 - How do you determine insulin for meals? For correction?
 - ICR +CF _____ Set doses _____ Sliding scale
 - Carb counting: Y N (24 hr recall if needed)
 - In a week, how often do you miss basal insulin? _____
Bolus insulin? _____
 - Where do you inject your insulin? _____
- Insulin pump _____
- Automated insulin delivery (AID) system _____
 - # years _____
 - Sites used _____
 - How often do you disconnect? _____ How long? _____
 - What features do you currently use in your pump or AID system?
(bolus calculator/advanced features/system modes) _____
- Oral/Injectable medications? _____

How do you currently monitor your glucose values?

- CGM _____
 - Time in Range % above _____ % within _____ % below _____
- BG Meter
 - # tests per day _____
 - BG range? (Lowest/Highest within last 2 weeks) _____

CURRENT MANAGEMENT

- Current A1c: _____ Current weight: _____ Recent change in weight? Y N
- Hypoglycemia: At what BG level do you treat a low and how? _____
How many lows (below 70 mg/dL) per week? _____
- Hyperglycemia: What do you do when your BG is high? _____ Ketone protocol? Y N Sick day protocol? Y N
- Any hospitalizations in the last year due to diabetes? Y N Any diabetes complications? Y N
- What is the most challenging part of managing your diabetes? _____
- What would you like to achieve with Omnipod® 5? _____

PUMP THERAPY KNOWLEDGE

Can you explain the following concepts? (Review as needed)

- Pump therapy concepts: Basal/bolus, insulin on board, insulin to carb ratio, correction factor, duration of insulin action
- Pump Safety/Troubleshooting: Hypo/hyperglycemia, DKA, site issues, backup supplies
- AID systems: CGM, Automated Mode, Manual Mode

ONBOARDING PREPARATION TRAINER (Use the following checklist to prepare the patient for onboarding)

- Discuss intended system use (indications, contraindications, safety precautions)
- Set expectations (user interactions required, glucose control, follow-up)
- Set up successful start (onboarding website, Omnipod ID, link data management accounts, view training options, review eLearning modules, discuss CGM utilization, review controller options, and additional educational resources) _____
- Discuss training format options
 - Access to computer with camera and reliable internet connectivity? Y N Discuss virtual training consent
- Review supplies needed for training (rapid-acting vials, pump therapy orders)
- Schedule training _____
 - Review instructions for adjusting insulin prior to onboarding (if applicable)

Trainer Name (print): _____ Trainer Signature: _____ Date: _____