

OMNIPOD DASH® SYSTEM POD FOLLOW-UP



Confidential: Protected Health Information

Date Trained: ____/____/____

Patient Name: _____ DOB: _____

☐ In-person follow-up ☐ Remote follow-up

DIABETES EDUCATION REVIEW

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

PUMP THERAPY REVIEW

- | | |
|--|---|
| <input type="checkbox"/> Advanced features | <input type="checkbox"/> Site Management |
| <input type="checkbox"/> Temp basal | <input type="checkbox"/> Selection/rotation |
| <input type="checkbox"/> Multiple basal programs | <input type="checkbox"/> Skin preparation |
| <input type="checkbox"/> Extended bolus | <input type="checkbox"/> Adhesion |

EXISTING PDM SETTINGS

Basal Rates	Insulin to Carb Ratio	Correction Factor	Duration of Insulin Action
12:00 am - _____ = ____ U/hr	12:00 am - _____ = ____ g/unit	12:00 am - _____ = ____ mg/dL/unit	_____ hrs
_____ - _____ = ____ U/hr	_____ - _____ = ____ g/unit	_____ - _____ = ____ mg/dL/unit	
_____ - _____ = ____ U/hr	_____ - _____ = ____ g/unit	_____ - _____ = ____ mg/dL/unit	
_____ - _____ = ____ U/hr	_____ - _____ = ____ g/unit	_____ - _____ = ____ mg/dL/unit	

	Target BG	Correct Above	Reverse Correction (choose one)
Max Basal Rate = _____ U/hr	12:00 am - _____ = _____ mg/dL	_____ mg/dL	<input type="checkbox"/> On <input type="checkbox"/> Off
Max Bolus = _____ units	_____ - _____ = _____ mg/dL	_____ mg/dL	
	_____ - _____ = _____ mg/dL	_____ mg/dL	

(Target is the ideal BG number desired. Correct Above is the BG level above which a correction bolus is desired.)

DATA MANAGEMENT

- | | | |
|---|---|---|
| <input type="checkbox"/> Download Glooko & review reports | <input type="checkbox"/> BG review & pattern management | <input type="checkbox"/> Review HCP adjustment instructions |
| <input type="checkbox"/> Glooko report included | | |

ADJUSTED PDM SETTINGS ☐ No PDM settings adjusted ☐ Patient adjusted selected settings below

<input type="checkbox"/> Basal Rates	<input type="checkbox"/> Insulin to Carb Ratio	<input type="checkbox"/> Correction Factor	<input type="checkbox"/> Duration of Insulin Action
12:00 am - _____ = ____ U/hr	12:00 am - _____ = ____ g/unit	12:00 am - _____ = ____ mg/dL/unit	_____ hrs
_____ - _____ = ____ U/hr	_____ - _____ = ____ g/unit	_____ - _____ = ____ mg/dL/unit	
_____ - _____ = ____ U/hr	_____ - _____ = ____ g/unit	_____ - _____ = ____ mg/dL/unit	
_____ - _____ = ____ U/hr	_____ - _____ = ____ g/unit	_____ - _____ = ____ mg/dL/unit	

<input type="checkbox"/> Max Basal Rate = _____ U/hr	<input type="checkbox"/> Target BG	<input type="checkbox"/> Correct Above	<input type="checkbox"/> Reverse Correction (choose one)
	12:00 am - _____ = _____ mg/dL	_____ mg/dL	<input type="checkbox"/> On <input type="checkbox"/> Off
<input type="checkbox"/> Max Bolus = _____ units	_____ - _____ = _____ mg/dL	_____ mg/dL	
	_____ - _____ = _____ mg/dL	_____ mg/dL	

(Target is the ideal BG number desired. Correct Above is the BG level above which a correction bolus is desired.)

Additional Notes: _____

Trainer Name (Print) _____ Trainer Signature _____ Date _____