

OMNIPOD DASH® PUMP THERAPY ORDER FORM



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 <small>Pre-Pump TDD Pump TDD</small>	Weight: kg x 0.5 or lbs x 0.23 _____ kg x 0.5 = _____ units OR _____ lbs. x 0.23 = _____ units <small>Pump TDD Pump TDD</small>

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, pregnancy - use higher value

Pump TDD = _____ units

BASAL RATE

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

BOLUS SETTINGS

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

INITIAL PUMP SETTINGS (required) TRANSFER PUMP 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	

Max Basal Rate = _____ U/hr	Target BG	Correct Above	Reverse Correction (choose one)
_____	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.)

DEFAULT PATIENT INSTRUCTIONS FOR INSULIN ADJUSTMENTS (required)

Adjust insulin settings if BGs are out of listed ranges:	If overnight, fasting/pre-meal or bedtime BG is:
Fasting/Pre-meal: _____ to _____ mg/dL	• Above BG range, INCREASE basal by 10-20%.
Post meal: _____ to _____ mg/dL	• Below BG range, DECREASE basal by 10-20%.
Bedtime: _____ to _____ mg/dL	If 2 hr post meal BG is:
Overnight: _____ to _____ mg/dL	• Greater than 60 mg/dL above pre-meal BG, increase bolus amount by DECREASING Insulin to Carb Ratio by 10-20% to give MORE insulin.
	• Less than 30 mg/dL above pre-meal BG, decrease bolus amount by INCREASING Insulin to Carb Ratio by 10-20% to give LESS insulin.
	Elevated BG: Confirm trends 2-3 days before making adjustment
	Low BG: Consider making adjustment immediately

Physician Specified Orders (if any): _____

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

OMNIPOD DASH® PUMP THERAPY ORDER FORM



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Date: ___/___/___

Dear _____,
Doctor Name (print)

Below you will find current settings along with education topics reviewed with your patient _____.
Patient Name (print)

I have instructed your patient to follow the self-management/insulin adjustment guidelines provided. Your patient has been instructed to call Insulet Customer Care for any technical/product assistance.

INITIAL PUMP SETTINGS ENTERED IN PDM (*indicates settings provided by HCP on page 1)

BASAL

Max Basal Rate*		_____ U/hr
Basal 1*	Time Segment 12:00 am - _____ _____ - _____ _____ - _____ _____ - _____	_____ U/hr _____ U/hr _____ U/hr _____ U/hr
Temporary Basal Rate		<input type="checkbox"/> On <input type="checkbox"/> Off

BLOOD GLUCOSE (BG)

BG Goal Limits	Lower Limit _____ mg/dL Upper Limit _____ mg/dL
BG Meter	<input type="checkbox"/> Pair <input type="checkbox"/> Skip

BOLUS

Bolus Calculator		<input type="checkbox"/> On <input type="checkbox"/> Off	
Target BG & Correct Above*	Time Segment 12:00 am - _____ _____ - _____ _____ - _____ _____ - _____	Target _____ mg/dL _____ mg/dL _____ mg/dL _____ mg/dL	Correct Above _____ mg/dL _____ mg/dL _____ mg/dL _____ mg/dL
Minimum BG for Bolus Calcs		_____ mg/dL	
Insulin to Carb (IC) Ratio*	Time Segment 12:00 am - _____ _____ - _____ _____ - _____ _____ - _____	1 unit of insulin covers _____ g _____ g _____ g _____ g	
Correction Factor*	Time Segment 12:00 am - _____ _____ - _____ _____ - _____ _____ - _____	1 unit of insulin decreases BG by _____ mg/dL _____ mg/dL _____ mg/dL _____ mg/dL	
Reverse Correction*		<input type="checkbox"/> On <input type="checkbox"/> Off	
Duration of Insulin Action*		_____ hours	
Maximum Bolus*		_____ units	
Extended Bolus		<input type="checkbox"/> On <input type="checkbox"/> Off	

EDUCATION REVIEWED:

<input type="checkbox"/> Carb Counting	<input type="checkbox"/> Site Selection/Rotation	<input type="checkbox"/> Blood Glucose Testing
<input type="checkbox"/> Suggested Bolus Calculations	<input type="checkbox"/> Site Adhesion	<input type="checkbox"/> Hypoglycemia – Symptoms/Treatment
<input type="checkbox"/> Advanced Features <input type="checkbox"/> Temp Basal <input type="checkbox"/> Extended Bolus	<input type="checkbox"/> Patient Insulin Adjustment <input type="checkbox"/> Basal <input type="checkbox"/> Bolus	<input type="checkbox"/> Hyperglycemia – Symptoms/Treatment <input type="checkbox"/> Ketone Testing
<input type="checkbox"/> Exercise	<input type="checkbox"/> Sick Day Management	<input type="checkbox"/> _____

Additional Notes: _____

If you have any additional questions or concerns, please feel free to contact me at: _____

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