

INSULIN PUMP PROGRAM PACKAGE

DIABETES CENTRE CALGARY (DCC) – PATIENT INFORMATION

Welcome to Diabetes Centre Calgary (DCC). This document lists the 3 main steps for starting insulin pump therapy in our program. It includes criteria for the Alberta Insulin Pump Therapy Program (IPTP). Please read the full document. It can take 3 to 12 months (or more) before starting a pump. After starting the pump, our team is here to help you optimize your settings. If you are already on a pump and want IPTP coverage, please move to Step 4.

ENTRY TO DIABETES CENTRE CALGARY (DCC)

If after reading this document you wish to start on a pump with DCC, please:

1. **Ask your family doctor for referrals** to the following (if you don't have them already):
 - a. The Diabetes Centre Calgary for diabetes educator pump appointments.
 - b. An Alberta IPTP approved diabetes specialist doctor.
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1. BASIC PUMP PREP

You can complete some items in the Basic Pump Preparation Checklist before being referred to us. Once you're referred, any of our program's diabetes educators can help you complete the checklist.

2. ADVANCED PUMP PREP

The Advanced Pump Preparation Checklist is completed with one of our pump educators. They become your regular educator in our program. After your pump start, they'll help you optimize pump settings.

3. PUMP START TRAINING

Pump start training occurs with one of our Certified Pump Trainers. They provide 24-hour on-call and follow you the first week. They transfer you back to your regular Pump Educator the week after you've started on pump.



1. BASIC INSULIN PUMP THERAPY PREPARATION

The items in the table below may be completed in any order. You may complete some before getting a referral to our program. All handouts, questionnaires, quizzes are in the appendix.

Date Done	Basic Pump Preparation
	1. Attend the Intro to Pump Session: You don't need a referral. Call 403-955-8146 to book this class (Zoom or in-person at Richmond Rd Diagnostic and Treatment Centre). This is a mandatory part of our program if you decide to move forward with pump. If a class does not suit you, your DCC Diabetes Educator can arrange to teach it to you individually after you've seen them.
	2. Complete the "Introduction to Pump Questionnaire" in the appendix and review it with your DCC educator.
	2. Read the information on Insulin Pump Therapy Program Benefits (IPTP) available in Alberta..
	3. Complete the Carbohydrate Counting Quiz in the appendix and review it with your DCC educator. They'll offer you help if you need it.
	4. Complete the Multiple Daily Injection Quiz in the appendix and review it with your DCC educator. They'll offer you help if you need it.
	5. Review basic Type 1 Diabetes Education. Watch the video series from Diabetes Canada on "How 2 Type 1" (12 videos each 2-6 minutes) or read the Type 1 Education PDF handouts .
	6. Provide one month of glucose data with at least 4 glucose checks a day (before meals and bedtime) or a continuous glucose monitor (CGM) report.
	7. If using CGM , explain to your educator how you interpret that report or ask for help in interpreting it. Also review your CGM alarms and alerts are set to help you prevent hypoglycemia, not just notify you if low.

When the above are completed, you'll be transferred to a DCC Pump Educator (if you don't have one already) to start Advanced Pump Preparation.



2.ADVANCED INSULIN PUMP THERAPY PREPARATION

Advanced Pump Preparation is completed with a DCC Pump Educator. For handouts, quiz, safety kit contents, pump company representatives and more, visit our website:

<https://cumming.ucalgary.ca/resources/endocrinology-metabolism/patients-and-family/diabetes/insulin-pump-therapy> or Visit endometab.ca > Patients & Family > Diabetes > Insulin Pump Therapy.

Mark if Done	Advanced Pump Preparation
	1. Review key pump information with your Pump Educator. Safety steps will be reviewed at least twice. This is a summarized list more items may be requested.
	a. Discuss DKA prevention handouts and DKA Prevention on Pump Practice Cases – Quiz. See Appendix.
	b. Prepare a Pump Safety Kit. Starts will not occur without a safety kit.
	c. Review as applicable: Pump bolus calculators, Automated Insulin Delivery (AID) pumps, manual basal rate setting if not planning for AID, temp basal rates, insulin-on-board (IOB), treatment of hypoglycemia using IOB (manual pump) or if on AID, dual wave boluses, impact of protein & fat
	d. Discuss infusion sites, tunneling, bends/crimps, infusion sets, rotation,
	e. Learn how to access key pump resources, including in hospital pump guidelines
	f. Investigate pump brands
	g. Other items as required
	2. Arrange appointments for pump start, any advanced training if needed and follow-up afterwards
	3. Discuss pump start orders and insulin doses prior pump start
	4. Complete ITP provincial forms and await your Blue Cross approval letter.
	5. For the pump brand of your choice:
	a. Purchase pump by providing your Blue Cross letter
	b. Set up a cloud account to view pump data. Link the account to our clinic.
	c. Complete education forwarded to you by the pump company. Be sure your pump is working.
	d. Visit the virtual pump to practice programming
	6. Be sure you have verified:
	a. You have the day off work for the pump start training
	b. You are available by phone for the first 3 afternoons
	c. You have appointments booked with your usual Pump Educator the first few weeks after pump start
	d. YOU HAVE A SAFETY KIT with ketone testing equipment



3. TRAINING – STARTING ON YOUR INSULIN PUMP

Formal training, also referred to as your “pump start”, is completed with a DCC Certified Pump Trainer. It will occur at Richmond Road Diagnostic & Treatment Centre. You may call 403-955-8146 to cancel. However, only your Pump Educator may rebook a training session.

Mark if Done	The Day <u>BEFORE</u> Your Pump Start Training
	1. Follow the instructions your Pump Educator provided for how much long-acting basal insulin to give. It may be less, or it may be none.
	2. Read again the instructions for preventing DKA when you have ketones.
	3. Check that you linked your pump cloud account to our clinic account. This will make follow-up calls and any emergency calls in the first 24 on easier.
	4. Pack the following to bring with you:
	a. A SAFETY KIT with ketone testing equipment & glucose meter.
	b. A full vial of rapid acting insulin.
	c. Your Alberta Health Care card.
	d. Pen and paper for notes.
	e. The insulin pump start orders (dosing) your educator provided you. This will include the 24-hr on-call phone number.
	f. A snack or lunch if needed (check the timing of your training)
	g. Pump & Sensor Supplies:
	i. The pump: <u>charged</u> if Tandem or with batteries (Medtronic, Ypsopump). Pods have internal batteries.
	ii. 4 infusion sets (Medtronic, Tandem, Ypsopump) or Pods (Omnipod)
	iii. 4 reservoirs (Medtronic, Tandem, Ypsopump)
	iv. The pump user manuals
	v. Glucose sensors, transmitter, inserter, tape if Medtronic. An inserted and functioning sensor if Tandem.
	The <u>MORNING OF</u> your Pump Start Training
	1. Eat your breakfast and give your usual food bolus.
	2. DO NOT give a full correction dose. If your glucose is high, correct down to 10 mmol/L unless your educator tells you differently.
	3. Bring all the items you packed the day before.
	4. If you need to cancel, please make two phone calls: <ol style="list-style-type: none"> 403-955-8146 to ask the booking clerk to inform the pump trainer. And to your pump educator. Leave a message that you need to rebook a pump start training session. Please note, this may take some time.



4.FOLLOW-UP

Your Pump Educator will:

- Help you optimize your pump settings.
- Support you in meeting your diabetes goals.
- Help you troubleshoot.
- Guide you through a smaller checklist if you are already on a pump and wanting ITP.

IF YOU ARE ALREADY ON A PUMP AND WISH ITP COVERAGE

- When referred to Diabetes Centre Calgary, you will be placed with a DCC Pump Educator.
- Not all criteria in steps 1, 2, 3 apply to you. There are some mandatory requirements that must be addressed, as well as safety. See below.
- When you have ITP coverage, you may receive upgrade training for a new pump (if desired) with a DCC Certified Pump Trainer or another Certified Pump Trainer for that brand.

IF ON A PUMP ALREADY: Steps for ITP Coverage	
	1. Ensure you have an Alberta ITP specialist physician or are referred to one For a list see: https://cumming.ucalgary.ca/resources/endocrinology-metabolism/refer
	2. Demonstrate safe and appropriate use of your current pump
	3. Provide 1 month of glucose data (at least QID or CGM)
	4. Review current insulin practices (storage, pre-bolusing, site rotation, set changes, lipohypertrophy)
	5. Address the following. Resources on endometab.ca > Patients & Family > Diabetes > Insulin Pump Therapy: a. Review contents of your pump safety kit. b. Read DKA Prevention on Pump & Coming Off Pump handouts. Complete the DKA Prevention on Pump – Sample Cases Quiz. Discuss your insulin replacement plans. c. Review mandatory type 1 education, including use of glucagon
	6. Complete ITP provincial forms and await your Blue Cross approval letter.
	7. Give a copy of the Blue Cross ITP approval letter to the company providing pump supplies (Diabetes Express, pharmacy, pump company) and to the pump company if purchasing a new pump. Arrange with your pump educator for upgrade training on a new pump (if required).
	8. Follow with your pump educator to optimize settings and for Annual Reviews.



5.APPENDIX:

QUESTIONNAIRES, QUIZZES, FORMS FOR BASIC PUMP PREP

Complete the following and bring with you to your diabetes educator appointment.

1. Introduction to Insulin Pump Therapy Questionnaire
2. Carbohydrate Counting Quiz
3. Multiple Daily Injection (MDI) Quiz
4. IPTP patient responsibility form



Introduction to Insulin Pump Therapy Questionnaire

Please fill out this questionnaire and review it with your diabetes educator from an approved diabetes centre. This is needed if you are applying for funding through the Alberta Insulin Pump Therapy Program.

Name of patient: _____

Date of birth: _____

Name of guardian if patient less than 18 yrs _____

Alberta Health Care Number: _____

Date: _____

1. The insulin pump will deliver meal insulin without the user knowing or doing any work.

- ☐ True
☐ False

2. Choose all the correct answers. Basal insulin delivered from the pump:

- ☐ is delivered with meals
☐ is background insulin
☐ is delivered 24 hours a day
☐ if stopped and not replaced, can result in diabetic ketoacidosis (DKA) in as few as 2 hours

3. Choose all the correct answers. Bolus insulin is:

- ☐ given with meals
- ☐ given for high blood sugar readings
- ☐ delivered 24 hours a day

4. People on insulin pumps who use a continuous blood glucose monitor don't have to take finger blood glucose readings.

- ☐ True
- ☐ False

5. Explain why the risk of DKA is high when using an insulin pump.

6. Explain what someone using an insulin pump must do to prevent DKA:

7. A lot of problem solving is needed when on an insulin pump. Suppose the infusion set comes out when you arrive for supper at a friend's house. Suppose you don't have your (or your child's) safety kit with you. This means there would be no way to deliver insulin.

Would it be fairly safe to eat a meal with no carbohydrates and put a new infusion set in when you get home in 3 hours?

☐ Yes

☐ No

Please explain your answer: _____

8. How committed are you to carrying a safety kit at all times? This kit must have insulin, syringe or insulin pen, infusion set, glucose and ketone testing supplies, extra batteries and a source of glucose.

☐ I'm confident I will

☐ I need more information before I can commit to doing this all the time

☐ I can't see myself doing this most of the time

☐ I'm not sure

9. We want to learn why you want pump therapy. Please finish this sentence below. Please speak with your diabetes educator if you have trouble finishing this sentence.

Insulin pump therapy will be a success for me or my child if . . .

10. Blood sugar levels may rise quickly when using an insulin pump. Many people say it is like nothing they've experienced before. How important to you is testing ketones if blood sugars are over 14 mmol/L? Choose the answer that is closest to your thoughts.

- ☐ Very important—I know I will do this if blood sugars are over 14 mmol/L.
- ☐ Very important—a few things may get in the way of me doing this.
- ☐ Important — but if I test my blood sugar often, I don't think I'll need to test for ketones.
- ☐ I'm not sure why I'd need to do this. I have never, or rarely, had a problem with ketones.
- ☐ I need more information before I can answer this question.

11. No need to answer this question.

Please be aware of the following:

- ☐ Omitted comment.
- ☐ Omitted comment.
- ☐ High and low blood sugars still happen even with Automated Insulin Delivery Pumps (AID systems)
- ☐ Unexpected infusion set changes and ketone testing are needed at the most inconvenient times (for example: during a meal out at a restaurant or at 1 a.m. with an occlusion alarm). In these cases, timers may have to be set often to retest ketones and blood sugars.

12. Question deleted. See next page.

13. It is important that you are sure insulin pump therapy is right for you or your child.
What questions would you like answered to help you decide?

My questions are:

1. _____

2. _____

3. _____

Carbohydrate Counting Assessment

Carbohydrate counting can help you manage your blood glucose (sugars).
This tool can help you and your health care team assess your skills counting carbohydrates.

Name: _____

Date completed: _____

Section to be filled out by
health care team

Score: _____

Please answer all the questions below.

Who completed this assessment? ☐ Myself ☐ Myself and a parent ☐ Other: _____

Carbohydrate Food Recognition

Does this food have enough carbohydrate to raise your blood sugar (or take insulin)?		Select one answer for each food item. If you don't know if the food contains carbohydrate, you can select "Don't know."		
1	Bread	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
2	Cucumber	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
3	Baked potato	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
4	Regular table syrup	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
5	Cheese	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
6	Milk	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
7	Orange juice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
8	Pop (not diet)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
9	Chili with kidney beans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
10	Apple	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
11	Sugar	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
12	Butter	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
13	Plain grilled chicken	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
14	Strawberry jam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
15	Canned spaghetti sauce (tomato)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
16	Ground beef	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
17	Honey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
18	Corn	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

Click the button to reset form [Reset](#)

Carbohydrate Food Counting

Select the best answer.

How many grams of carbohydrates are in this portion of food?

Select the grams of carbohydrate in this column.

Check this

column if you don't know.

19	1 cup (250 mL) milk	<input type="checkbox"/> 15	<input type="checkbox"/> 30	<input type="checkbox"/> 45	<input type="checkbox"/> 60	<input type="checkbox"/> 75	<input type="checkbox"/> Don't know
20	1 cup (250 mL) cooked pasta	<input type="checkbox"/> 15	<input type="checkbox"/> 30	<input type="checkbox"/> 45	<input type="checkbox"/> 60	<input type="checkbox"/> 75	<input type="checkbox"/> Don't know
21	1 cup (250 mL) cooked rice	<input type="checkbox"/> 15	<input type="checkbox"/> 30	<input type="checkbox"/> 45	<input type="checkbox"/> 60	<input type="checkbox"/> 75	<input type="checkbox"/> Don't know
22	1 cup (250 mL) unsweetened apple juice	<input type="checkbox"/> 15	<input type="checkbox"/> 30	<input type="checkbox"/> 45	<input type="checkbox"/> 60	<input type="checkbox"/> 75	<input type="checkbox"/> Don't know
23	1 cup (250 mL) mashed potatoes	<input type="checkbox"/> 15	<input type="checkbox"/> 30	<input type="checkbox"/> 45	<input type="checkbox"/> 60	<input type="checkbox"/> 75	<input type="checkbox"/> Don't know

Food Labels

For 1 package (456 g)

Nutrition Facts	
Per 1 cup (228g)	
Calories 260	% Daily Value*
Fat 13 g	20 %
Saturated 5 g	25 %
+Trans 0 g	
Carbohydrate 31 g	
Fibre 2 g	8 %
Sugars 8 g	8 %
Protein 5 g	
Cholesterol 10 mg	
Sodium 660 mg	28 %
Potassium 300 mg	6 %
Calcium 300 mg	23 %
Iron 1 mg	6 %
*5% or less is a little, 15% or more is a lot	

Use the Nutrition Facts table above to answer the questions below.


Select the best answer.

Check this

column if you don't know.

24	How much available carbohydrate (in grams) would be in 1 cup?	<input type="checkbox"/> 228 g	<input type="checkbox"/> 41 g	<input type="checkbox"/> 31 g	<input type="checkbox"/> 29 g	<input type="checkbox"/> Don't know
25	If you ate the whole package, how many cups would you eat?	<input type="checkbox"/> 1 cup	<input type="checkbox"/> 2 cups	<input type="checkbox"/> 4 cups		<input type="checkbox"/> Don't know
26	If you ate the whole package, how much available carbohydrate would you eat?	<input type="checkbox"/> 456 g	<input type="checkbox"/> 82 g	<input type="checkbox"/> 62 g	<input type="checkbox"/> 58 g	<input type="checkbox"/> Don't know

Insight

Check  the best answer for each question.		Check this column if you don't know.
27	Which of these will raise your blood sugars the fastest? <input type="checkbox"/> Grape <input type="checkbox"/> Banana (overripe) <input type="checkbox"/> Apple	<input type="checkbox"/> Don't know
28	Which of these will raise your blood sugars the slowest? <input type="checkbox"/> Plain 2% yogurt <input type="checkbox"/> Plain 2% yogurt with cherries <input type="checkbox"/> Plain 2% yogurt with nuts	<input type="checkbox"/> Don't know
29	Which of these will raise your blood sugars the fastest? <input type="checkbox"/> Steel cut oats <input type="checkbox"/> Rye bread <input type="checkbox"/> Instant rice	<input type="checkbox"/> Don't know
30	Which of these will raise your blood sugar the fastest when you have a low blood sugar? <input type="checkbox"/> Chocolate bar <input type="checkbox"/> Regular (not diet) pop <input type="checkbox"/> Peanut butter	<input type="checkbox"/> Don't know
31	If you ate only a high glycemic food (white bread) at a meal, how long would it take for your blood sugars to peak? <input type="checkbox"/> 30 minutes to 1 hour <input type="checkbox"/> 2 to 3 hours <input type="checkbox"/> 4 to 5 hours	<input type="checkbox"/> Don't know

Carbohydrate Counting in Meals

You can use the information below to help you answer questions 32 – 35.

Yogurt

Nutrition Facts	
Per 1 container (100g)	
Calories 90	% Daily Value*
Fat 3 g	4 %
Saturated 1.5 g	8 %
+Trans 0 g	
Carbohydrate 12 g	
Fibre 0 g	0 %
Sugars 9 g	9 %
Protein 4 g	
Cholesterol 10 mg	
Sodium 40 mg	2 %
Potassium 200 mg	4 %
Calcium 150 mg	12 %
Iron 0.1 mg	1 %
*5% or less is a little, 15% or more is a lot	

Salad dressing

Nutrition Facts	
Per 2 tbsp (30 mL)	
Calories 120	% Daily Value*
Fat 12 g	16 %
Saturated 1.5 g	8 %
+Trans 0 g	
Carbohydrate 1 g	
Fibre 0 g	0 %
Sugars 1 g	1 %
Protein 0 g	
Cholesterol 5 mg	
Sodium 250 mg	11 %
Potassium 10 mg	1 %
Calcium 10 mg	1 %
Iron 0 mg	0 %
*5% or less is a little, 15% or more is a lot	

Hamburger bun

Nutrition Facts	
Per 1 bun (65 g)	
Calories 170	% Daily Value*
Fat 2.5 g	3 %
Saturated 0 g	0 %
+Trans 0 g	
Carbohydrate 34 g	
Fibre 6 g	20 %
Sugars 2 g	2 %
Protein 5 g	
Cholesterol 0 mg	
Sodium 340 mg	15 %
Potassium 225 mg	5 %
Calcium 0 mg	0 %
Iron 1.5 mg	11 %
*5% or less is a little, 15% or more is a lot	

How many grams of carbohydrate does this meal or snack contain?		Select the best answer (grams).	Check this column if you don't know.
32	Breakfast: 2 eggs 2 toast 2 tbsp (30 mL) peanut butter 1 cup (250 mL) 1% milk	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 90	<input type="checkbox"/> Don't know
33	Lunch: 2 slices bread with 2 slices turkey 1 dill pickle 1/3 cup (75 mL or 100 g) yogurt flavoured with added sugar 1/2 cup apple juice	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 90	<input type="checkbox"/> Don't know
34	Snack: 1 large banana	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 90	<input type="checkbox"/> Don't know
35	Dinner: 1 cheeseburger with bun 1 cup (250 mL) green salad 1 tbsp (15 mL) regular ranch dressing 1 can (355 mL) diet pop	<input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 45 <input type="checkbox"/> 60 <input type="checkbox"/> 75 <input type="checkbox"/> 90	<input type="checkbox"/> Don't know



Name:

Date:

Health Care #

Case Scenarios: Insulin-to-Carb Ratios (ICR) & Insulin Sensitivity Factor (ISF)

Please answer these questions. This will help us understand your knowledge and individualize your care. Stop at any time to ask questions. Don't hesitate to let us know if these topics don't interest you right now. If you need a calculator, just ask!

Please fill in the following chart:

	Check here if unsure	Breakfast	Lunch	Supper	Bed
My insulin to carbohydrate ratio					
My insulin sensitivity factor					
My target blood sugar					

1. Insulin to Carbohydrate Ratios (ICR)

- Jenny has 60 grams of carbohydrate for supper. She uses an insulin-to-carbohydrate ratio of 1:10 (1 unit per 10 grams carb). How many units of insulin should she give for her food?
- For this question, use your own ratio. If you personally ate 60 grams of carbohydrate for supper, how much insulin would you give for that carbohydrate?

2. Insulin sensitivity factor (correction or ISF)

- Jenny checks her blood sugar before eating and it is 10.2 mmol. She uses an insulin sensitivity factor of 2 (1 unit to drop 2 mmol/L) and a target of 6 mmol. How many units of insulin does she need to correct her high blood sugar?
- Pretend your blood sugar is 12 mmol/L. Fill in the blanks below.

12 mmol/L – ____ (your target sugar) / ____ (your ISF) = ____ units for correction

3. ICR + ISF

- Jenny has lunch. Her blood sugar is 12 mmol/L and her target is 6 mmol/L. She's eating 45 g carb. Her carb ratio is 1:10 and her ISF is 2. How many units of insulin should she give at lunch?

Case Scenarios: DKA, Hypoglycemia

Please take a few minutes to answer these questions. This will help us understand your knowledge and keep you safe with diabetes. Stop at any time to ask questions!

DKA

1. What do you think diabetic ketoacidosis (DKA) is? Check all that apply.
 - ☐ Acidic blood from too little insulin
 - ☐ A serious complication of diabetes that could result in death if not treated
 - ☐ A problem that requires more than the usual amount of correction insulin to treat
 - ☐ I'm not sure or I'd like to talk more about this
2. Jenny has a blood sugar of 18.0 mmol/L. What steps can she take to prevent DKA? Fill in the blanks.
 - Test her blood or urine for _____ because her blood sugar is over _____ mmol/L
 - If she has more than trace or 0.6 mmol/L ketones, give _____ times her usual correction insulin
 - Answer this only if you are on an insulin pump: If Jenny is on an insulin pump, follow the extra guidelines and use a _____ or _____ to give the correction insulin (not her pump).
 - ☐ I'm not sure or I'd like to talk more about this

Hypoglycemia

1. Jenny has a blood sugar of 3.7 mmol/L before supper. What do you suggest she do?
 - a. Eat supper right away!
 - b. Eat 15 g of glucose and don't eat supper or give insulin until her blood sugar is 4.0 mmol/L or higher.
 - c. I'm not sure or I'd like to talk more about this
2. On Saturday, Jenny decides to mow the lawn after lunch. It usually takes her 45 minutes. What do you suggest she do? Circle one.
 - a. Give about half her usual meal and correction insulin with lunch
 - b. Give her usual meal and correction insulin with lunch
 - c. I'm not sure or I'd like to talk more about this
3. Jenny's sugar is 13.9 mmol/L 2 hr after lunch. She had corrected at lunch but wants to correct again. Her before meal target is 6 mmol/L. What should she do? She is not on a pump.
 - ☐ Correct down to 6 mmol/L
 - ☐ Correct down to 10 mmol/L
 - ☐ I'm not sure or I'd like to explain what I do, as I'm on an insulin pump

Insulin Pump Therapy Participant Responsibility Agreement

The role of your diabetes education team is to provide you with the necessary information/teaching to ensure your safety and success as you start insulin pump therapy. For this reason, it is important that you understand your responsibilities in this process as well. Below you will find the expectations set upon you in this process to ensure that we work successfully as a team.

If you have any difficulty understanding the commitments outlined below, or if you have any misgivings regarding insulin pump therapy, now is the time to discuss them. If not, please proceed with completing this form.

I, _____ [participant name], have met the provincial criteria and have chosen to use an insulin pump for the management of diabetes.

OR

I, _____ [Alternate Decision Maker name], understand that _____ [participant's name] meets the provincial criteria and has chosen to use an insulin pump for the management of diabetes.

In order to continue to be enrolled in the Alberta Health funded Insulin Pump Therapy program, I understand that I must fulfill the following requirements:

- Regular follow-up with a doctor or other health care professional for routine diabetes care (regular A1C, surveillance for complications).
- Demonstration of active involvement in diabetes self-management.
This will normally be demonstrated by ability and willingness to participate in a number of self-care behaviours including (but not limited to):
 - counting carbohydrate or other recommended meal plan
 - monitoring blood glucose frequently and consistently prior to meals and at bedtime (using BGM and/or CGM/flash glucose monitoring)
 - consistently using boluses of insulin for meals and snacks
 - performing regular infusion set/site changes
 - appropriately using advanced pump features
 - safely managing their pump to minimize risks of hypoglycemia or Diabetic Ketoacidosis (DKA)
 - monitoring for ketones during illness or unexplained hyperglycemia
 - adherent with follow up – which would include attending clinic visits, completing A1c tests, completing required documentation (e.g., blood glucose logs, food records, pump or meter uploads)
- Participate in an annual review process with the IPTP Clinic.

I have read the above conditions and agree with the terms. I acknowledge that if I do not comply with these terms, I will no longer be eligible for the Alberta Health funded Provincial Insulin Pump Therapy Program and may have to discontinue the insulin pump and manage my diabetes with insulin injections.

Signed this _____ day of _____, 20____ in the city of _____, Province of Alberta.

Participant signature: _____

Printed name of participant: _____

**Alternate Decision
Maker signature:** _____

**Printed name of
Alternate Decision Maker:** _____

Relationship to participant: _____

Signature of witness: _____

Printed name of witness: _____

Date: _____

NOTE: If it is recommended to discontinue the insulin and pump and manage your diabetes with injections, your diabetes team will offer education and support to help improve your diabetes self-management skills. By improving diabetes routines, knowledge and motivation it is possible to re-start the insulin pump under the Provincial Insulin Pump Therapy Program.

CC: Participant (original), Physician (copy), IPTP Clinic (copy)