

Insulin pump therapy requires learning and preparation. The following checklist can help you assess if you are ready for pump therapy.

If you are seeking support under the Nova Scotia Insulin Pump Program (NSIPP), this checklist also reflects the NSIPP Medical Eligibility Criteria. Please arrange to meet with your diabetes health care team to discuss items where you are unsure.

I feel that I am ready for an insulin pump because:

- □ I have been living with type 1 diabetes for at least 4 6 months.
- □ I have support to help me manage my diabetes.
- □ My diabetes team has recommended insulin pump therapy.
- □ I am interested in insulin pump therapy.
- □ I am aware of the benefits and challenges to insulin pump therapy (e.g., I have read "Is an Insulin Pump for Me?").
- □ I am aware of the costs of pump therapy including the cost of the pump and ongoing supplies.
- □ I understand that:
 - Starting on an insulin pump will take time and effort,
 - I need to attend a pump education session provided by a Diabetes Centre, and
 - If I am seeking coverage through NSIPP, I will need to visit a NSIPP approved Diabetes Centre once a year (in-person or virtual).
- □ I will have a Diabetes Centre visit at least twice a year (in-person or virtual).
- □ I will change and rotate the infusion site every 2 to 3 days or as recommended by the manufacturer.
- □ I have been using a CGM with at least 70% active time or have been checking my blood glucose at least 4 times per day. I also understand that I will have to check more often, for a while, after starting an insulin pump.
- □ I review my glucose readings regularly and discuss with my diabetes health care team to identify patterns.
- □ I can adjust my insulin dose for:
 - activity (planned and/or unplanned)
 - illness
 - food
- □ I can adjust my base dose of insulin based on my glucose readings not just for food and activity.
- □ I know how to manage diabetes during illness.
- □ I check for ketones when my glucose is high and when I feel unwell.
- □ I will check my A1C at least once a year (more often if asked by my diabetes health care team).
- □ I will try to meet the personalized A1C goal set together by me and my diabetes health care team.
- □ I have not been admitted to the hospital for DKA in the last year, or if I have, I have worked with my diabetes health care team to reduce the risk of DKA.



Please complete the questions and review with your diabetes health care team.

List 1 - 3 goals you hope to achieve by using an insulin pump.

1.

2.

3.

Do you have concerns about insulin pump therapy?

Do you have questions about insulin pump therapy?