

## ARE YOU READY TO BE A PUMPER?

Please answer openly and honestly. Preparation is a very important first step to successful pumping.

To be eligible for the Nova Scotia Insulin Pump Program (NSIPP), you will need to be assessed by a specialized diabetes health care team and to meet specific medical eligibility criteria. By meeting these criteria, you are more likely to be successful at insulin pump therapy and to successfully manage your diabetes.

The statements below reflect the NSIPP medical eligibility criteria. For any items where you answer no, or you are not sure, don't worry, your diabetes health care team will help you as you go through the assessment and education stages.

**I HAVE HAD TYPE 1 DIABETES FOR MORE THAN ONE YEAR.**  YES  NO

**INSULIN PUMP THERAPY HAS BEEN RECOMMENDED BY MY DIABETES TEAM**  YES  NO

<b>I ... (and where applicable my support network - parents/family/caregiver)</b>	<b>YES</b>	<b>NO</b>
... am interested in insulin pump therapy and have the support of others in this decision.	<input type="checkbox"/>	<input type="checkbox"/>
... am aware of the benefits and challenges of insulin pump therapy and have read and understand "Is an Insulin Pump for Me?"	<input type="checkbox"/>	<input type="checkbox"/>
... am willing to take on the responsibility associated with pump therapy.	<input type="checkbox"/>	<input type="checkbox"/>
... realize the infusion sites will need to be changed and rotated every 2 to 3 days.	<input type="checkbox"/>	<input type="checkbox"/>
... am willing to be assessed by a diabetes health care team in an Nova Scotia Insulin Pump Program-approved Diabetes Centre.	<input type="checkbox"/>	<input type="checkbox"/>
... am willing to attend a pump education program in an Nova Scotia Insulin Pump Program-approved Diabetes Centre.	<input type="checkbox"/>	<input type="checkbox"/>
... understand that starting on an insulin pump will take some time and effort.	<input type="checkbox"/>	<input type="checkbox"/>
... am able to appropriately manage my diabetes safely and have demonstrated good judgment in potentially risky situations.	<input type="checkbox"/>	<input type="checkbox"/>
... am aware of the costs of pump therapy (initial pump cost and ongoing monthly pump supplies).	<input type="checkbox"/>	<input type="checkbox"/>
... am aware of the school/day care needs related to my pump.*	<input type="checkbox"/>	<input type="checkbox"/>
... have been checking, recording, and acting on my blood glucose results at least 4 times a day and understand that the frequency of blood testing will increase on a daily basis when using a pump.	<input type="checkbox"/>	<input type="checkbox"/>
... record my blood glucose results in a logbook regularly and bring this log to visits with my diabetes health care team.	<input type="checkbox"/>	<input type="checkbox"/>
... am able to adjust my insulin dose for:		
• activity (planned or unplanned activity/exercise)	<input type="checkbox"/>	<input type="checkbox"/>
• illness	<input type="checkbox"/>	<input type="checkbox"/>
• food	<input type="checkbox"/>	<input type="checkbox"/>
... review my blood glucose readings and make regular adjustments to my base dose of insulin (i.e., not just for food or activity).	<input type="checkbox"/>	<input type="checkbox"/>

(see other side)

... am able to carbohydrate count and can demonstrate this when determining required insulin doses.	<input type="checkbox"/>	<input type="checkbox"/>
... am familiar with managing diabetes during illness.	<input type="checkbox"/>	<input type="checkbox"/>
... am willing to have at least 2 A1C tests every year (more frequently if requested by my diabetes health care team).	<input type="checkbox"/>	<input type="checkbox"/>
... agree to try to meet the personalized A1C goal set by me and my diabetes health care team.	<input type="checkbox"/>	<input type="checkbox"/>
... test for ketones when blood glucose is high.	<input type="checkbox"/>	<input type="checkbox"/>
... have had zero (0) admissions to the hospital for DKA in the last year.	<input type="checkbox"/>	<input type="checkbox"/>
• If you did have admissions for DKA, how many? _____		

**For Parents/Caregivers of a Young Child...**

... I/we have a plan to manage the pump while at school/day care (including malfunctions, bolus doses, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
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**For Tweens and Adolescents (age 10 and up)...**

...I will allow my parents/caregiver to be involved and participate in my diabetes care.	<input type="checkbox"/>	<input type="checkbox"/>
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*\*For younger children, daycare staff may not necessarily operate the insulin pump. On some occasions, school staff may assist with button pressing. There will need to be a plan for how the pump will be managed at school and how the snack and lunchtime insulin bolus will be given. If school staff is to assist/supervise a lunch bolus, education will need to be arranged by the parent/caregiver prior to returning to school with the pump. Parents/caregivers will need to be available to attend to the child at all times should there be a pump malfunction.*

**Please complete the following questions, and review them with your diabetes health care team during your NSIPP appointments.**

**List 2-3 goals you hope to achieve by using an insulin pump.**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Do you have any concerns about starting on an insulin pump?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**General questions you have about insulin pump therapy.**

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