Insulin Pump Start Checklist

1. Patient name:

2. Patient medical record number (MRN):

3. Patient date of birth (month/day/year):

4. **Pump information module:** https://www.rch.org.au/diabetes/learning-materials/Pump_information_session/

☐ We have completed the online **Pump Information Module** on pump therapy and have attached the PDF results you can create at the end of the module to this link below.

5. I/We understand what an insulin pump is and how it is used to manage diabetes.

☐ Yes
☐ No
☐ We have additional questions

6. I/We have researched all four insulin pumps offered through RCH and have decided to proceed with the following as our pump of choice:
☐ Medtronic 780G
☐ Tandem T:SlimX2
☐ Ypsomed CamAPS
☐ Omnipod

7. I use the following CGM:
☐ Libre
☐ Libre 2 Plus
☐ Dexcom G6
☐ Dexcom G7
☐ No CGM
☐ Other _____

8. I am aware that my current CGM may not be compatible with the insulin pump I have chosen. I may need to switch to the compatible CGM at the time of the insulin pump start.
☐ I understand

9. I am aware that my current CGM may not be compatible with the insulin pump I have chosen. I may need to switch to the compatible CGM at the time of the insulin pump start.

☐ I understand

10. We have completed the Carbohydrate Quiz and our results **are attached to this form:**
☐ Yes

☐ We are committed to **attend all of the scheduled** insulin pump appointments.

☐ We understand that these appointments exist in a series and if one appointment does not suit, we may need to change the series of appointments.

11.We understand we are responsible for arranging our own funding for the insulin pump and we will fund our pump.
If you have not organised funding or need help with your options, please be in touch with the diabetes team before submitting this form via diabetes@rch.org.au.

☐ Using Private Health Insurance and we have completed any waiting periods. Attach this documentation in question 14.
☐ Using private health insurance and we have a waiting period. Indicate below in question 13 when the waiting period end.
☐ Using private health insurance, with a waiting however, will use a 'Loan to Own' Program to access the pump prior to this date. (Ensure you check your private health insurance allows you to access this program).
☐ We have applied to Breakthrough T1D (previously called JDRF) for funding, and they have confirmed we are eligible. Attach confirmation of your eligibility in question 14. **Please note through this program the mylife Ypso insulin pump is provided.**
☐ We have applied to another organisation for funding, and they have confirmed we are eligible. Attach confirmation in the allocated spot below in question 12.
☐ We are paying for the pump ourselves. Cost ~$8000 - $9000.
☐ We have not yet organised our funding yet. Can the diabetes team please be in contact with us for help with this?

12. If you are using another organisation to fund your insulin pump, which organisation have you applied to?

13. If you are completing a waiting period through the private health insurance company, insert the date for your when waiting period finishes (please add this date regardless of whether you are accessing the Loan to Own program or not).
Day/month/year ____/____/_____

14. Attach any needed documentation here i.e. Breakthrough T1D Insulin Pump Program application, or other organisation you have applied to:
☐Yes, attached

15. We understand both the advantages and potential challenges of insulin pump therapy as covered in the pump information module.
☐ Yes

If you do not understand, contact the diabetes team to seek further clarification: *diabetes@rch.org.au*

16. We have spoken to the early learning center/kinder/school who are willing to learn and support the insulin pump.
☐ Yes
☐ No
Additional comments: _____

17. We have access to a computer/laptop with internet connection and agree to look at the reports that the insulin pump can provide.
☐ I understand

Note: some insulin pumps can upload automatically through their connection to the mobile phone but for others when you are not using the mobile phone it means you need to plug the insulin pump into the computer to complete the upload. These uploads need to be reviewed by yourself regularly (weekly) in between your RCH diabetes appointments and will be reviewed at your diabetes appointments. If you do not have internet or computer access at home, please consider other places, such as school or library where you may be able to upload the insulin pump.
If your insulin pump requires a manual upload this must be done prior to your appointment with the endocrinologist in diabetes clinic or when seeing the DNE.

☐ I understand

18. We are choosing a Tandem T:slim X2, Medtronic or mylife YpsoPump and would like to attend an appointment for a trial line insertion before proceeding to a pump start.

- Please select yes if you anticipate that your child will have any challenges with inserting the cannula under the skin. This is important to address and review before proceeding with changing from insulin injections to the insulin pump. *If choosing yes, you will be contacted by the diabetes team with a date for this appointment.*
- To trial an Omnipod, you need to arrange this with the company directly.

☐ Yes

☐ No

☐ Other _____

This completed checklist can only be processed if your endocrinologist has submitted an insulin pump referral for you.
Parent/carer name or young person if aged 18 years:

Signature required:
Today's date (day/month/year): _____/_____/_____