

Pre-Pod Training Checklist

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Confidential Protected Health Information

Checklist

Date

/ /	Pre-Pod	/ /	Saline Start
/ /	Insulin Start	/ /	Follow-up

Type 1 DM Year of DX: _____

Type 2 DM Year of DX: _____ Yrs. on Insulin: _____

Check if proficient:

Current Regimen:

MDI

Pump: Yrs. / pump
 (Make / Model): _____

Other Medications: _____

Complications: _____

Preparation for OmniPod Start:

Nutrition Education: yes no
 Date/s: _____

Institution: _____

RD Name: _____

Carb Counting Education: yes no

Pump Specific Education: yes no

Individual Training: yes no
 Educator Name _____

Group Training Institution: _____

Reviewed User Guide? yes no

Reviewed OmniPod Training Program? yes no

Returned Warranty Card? yes no

Review and Discuss:

Basal / Bolus therapy

Insulin Action (Rapid acting)

Insulin-to-Carbohydrate Ratio

Meal Bolus / Correction Bolus

Hypoglycemia / Hyperglycemia

Diabetic Ketoacidosis (DKA)

Ketone Testing supplies? yes no

Sick Day Rules

SMBG / Frequency

Logbook / Download

Exercise – Temporary Rates

Suspend All Insulin Delivery

OmniPod System Overview

PDM (Personal Diabetes Manager) and Pod

PDM: button layout, introduction to button pushing

Materials to bring to OmniPod "Start"

Pump Therapy Orders Obtained

User Guide yes no

Training Program yes no

Comments / Assessments:

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Patient Name (Print) _____ Telephone _____ Email _____

Street _____ City _____ State _____ ZIP _____

I certify training was provided as per prescribing healthcare provider's instructions and the OmniPod User Guide

Trainer Name (Print) _____ Trainer Signature _____ Date _____