

# DIABETES SKILLS CHECKLIST – Insulin Pump Therapy

Name of Staff Member (UAP): \_\_\_\_\_ 1

◆INSULIN PUMP THERAPY :	Training Date/ RN Initials	Training Date/ UAP Initials	Return Demonstrations		
			Date/ RN + UAP Initials	Date/ RN + UAP Initials	Date/ RN + UAP Initials
<b>A. Identifies supplies students using an insulin pump need to have available at school/childcare</b>					
1. Extra insulin for emergencies if the students pump malfunctions					
2. Syringes or an insulin pen device to administer insulin if needed					
3. Extra pump supplies: Infusion set and inserter, reservoir, insulin and batteries.					
<b>B. Demonstrates basic operating functions of the pump</b>					
1. How to give bolus					
2. How to use the dose calculator function in the pump					
3. How to suspend the pump					
4. How to check the status of the pump					
5. How to verify the last bolus given					
6. How to verify the pump is not in 'no delivery' mode					
7. How to change the batteries in the pump					
8. How to check insulin reservoir and insertion site					
9. Identifies insertion set, tubing, and cartridge components of pump,					
10. For pumps using an insulin dose calculator (Bolus Wizard) staff will be able to demonstrate how to look at pump dose calculations for dose of insulin, verify dose is within parameters and activate to administer dose.					
<b>C. Procedure</b>					
1. Identifies written authorizations for blood glucose testing, bolus and correction dosage					
2. Trouble shoots pump alarms appropriately					
3. Describes symptoms of severe hypoglycemia and appropriate pump intervention.					

Staff Member (UAP) Signature \_\_\_\_\_

Initials \_\_\_\_\_

Nurse Consultant Signature \_\_\_\_\_

Initials \_\_\_\_\_