

**PATIENT / CAREGIVER (DELEGATE)  
QUESTIONNAIRE  
Insulin Pump Self Management in Emergency  
and Acute Care: Adult and Pediatric**

Completed by: \_\_\_\_\_ (Patient) \_\_\_\_\_ (Patient Caregiver)

**Please Answer The Following Questions About Your Insulin Pump.**

This information helps us know if you can take care of your insulin pump and blood sugars on your own while in hospital. It also will help hospital staff know what to do to keep you safe if you are no longer able to do so. You may need to get some information from your pump's memory.

Make and Model of your insulin pump: \_\_\_\_\_  
Pump Trainer's Name: \_\_\_\_\_ Phone / Contact: \_\_\_\_\_

1. Are you able to manage your insulin pump and blood sugars on your own?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If <b>NO</b> , do you have a someone who can do this for you while in hospital? If so, please write their name, relationship to you, and telephone number below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. (Caregiver) Are you able to manage _____'s insulin pump while he / she is in hospital? <small>(print patient's name)</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you (or caregiver) able to change the insertion set or refill your pump if needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. What brand/type of insulin does your pump use? ( <input type="checkbox"/> lispro Humalog® or <input type="checkbox"/> aspart NovoRapid® or <input type="checkbox"/> glulisine Apidra®)		
6. What is your normal TTD (Total Daily Dose) of Insulin? = the number of units your pump delivers in 24 hrs		
<b>TIME</b>		
7. List All Basal Rates		
8. List All Insulin Sensitivity Factors (ISF)		
9. List All Insulin to Carbohydrate Ratios		

**CLINICIAN GUIDE:**

- Patient or caregiver must answer yes to questions 1 or 2, 3 and 4 and must complete questions 5 to 9 in order to independently manage the insulin pump.
- Clinician should inquire with patient/caregiver about any missing information. If patient/caregiver is unable to provide, may indicate inability to manage pump independently. Discuss with MRP.

**NOTE:** Questionnaire may be administered multiple times at the discretion of the nurse or MRP to re-assess patient or caregiver's ability to continue to self-manage their insulin pump while in hospital.  
Recent pump settings may be found in meditech charting from diabetes centre under patient care should clinician wish to use as a secondary reference.

**FILE ON PATIENT'S CHART**

Form administered by:

Date (dd/mm/yyyy)	Nurse Signature	Printed Name