

PATIENT / CAREGIVER AGREEMENT

Insulin Pump Self Management in Emergency and Acute Care: Adult and Pediatric

Please agree to below to manage your insulin pump in hospital. This will help us keep you safe while doing so. If you do not agree to below, we will need to take you off your insulin pump and treat your diabetes with insulin injections.

During this hospital stay, I, _____, agree to:
(print patient or caregiver / delegate name)

1. Fill in the diabetes insulin pump log.
2. Change the infusion set and refill the insulin pump at least every 3 days, and tell the hospital staff when I do.
3. Bring and use all my own insulin pump supplies. Exception: Hospital will supply rapid acting insulin for the pump.
4. Throw away used supplies as staff have requested.
5. (If caregiver / delegate) Stay with the patient at all times when managing the insulin pump.
6. Tell the hospital staff about any high or low blood sugars, pump setting changes, or times you take off or stop the pump.
7. Tell hospital staff about any pump problems and /or concerns managing.

I know that my pump may have to be taken off and insulin given in another way for the following reasons:

- a) Doctor's order
- b) Changes in how well I can make decisions
- c) Changes in how aware or alert I am
- d) Exams including: (may be disconnected)
 - X-ray
 - MRI
 - CT scans
 - Mammography and
 - PET scans
- e) Care needing general anaesthesia
- f) Other reasons as decided by medical staff

Patient Signature: _____ Date: _____

Delegate / Caregiver Signature: _____ Date: _____

Relationship to Patient: _____

FILE COPY IN PATIENT CHART