

Clinical Support Guide

Title: Continuous Subcutaneous Insulin Infusion (CSII) for patients with diabetes in the community setting

Procedure Author: Rural Support Service - Diabetes Service

Procedure Sponsor: Drug & Therapeutics Advisory Committee

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Regional Local Health Networks

Table of contents

	page
1. Overview	3
2. Areas of Responsibility	3
3. Procedure Details	3
Referral	4
Appointment, Booking and Confirmation	4
Assessment Appointment	4
Education and Training Appointments	5
Ordering of Insulin Pump and NDSS Consumables	5
Planning for CSII Initiation	7
Day of CSII Initiation	7
Follow Up Appointments	8
CSII Upgrade	8
4. Evaluation Criteria	9
5. Staff Orientation and Training	9
6. Patient Education Support	9
7. Appendices	10
Appendix 1 - RSS CSII Training and Clinical Care Pathway	
Appendix 2 - RSS Diabetes Education CSII Stickers	
Appendix 3 - Private Health Insurance Verification for CSII Initiation Letter	
Appendix 4 - RSS CSII Outpatient Rate Record MR - COR	
Appendix 5 - AMSL Diabetes T-Slim Insulin Pump Checklist	
Appendix 6 - Medtronic 640G Insulin Pump Checklist	
Appendix 7 - Medtronic 670G Insulin Pump Checklist	
Appendix 8 - Private Health Insurance Verification for CSII Upgrade Letter	

Regional Local Health Networks

Continuous subcutaneous insulin infusion (CSII) for patients with diabetes in the community setting

1. Overview

The aim of the Clinical Support Guide; Continuous Subcutaneous Insulin Infusion (CSII) for Patients with Diabetes in the Community Setting is to facilitate access for people with type 1 diabetes and other groups to CSII technology and support safety and quality in the delivery of a CSII service. The service will be delivered face to face or via videoconferencing. Supplemental information via telephone or email as needed. Any regional Local Health Network (LHN) site will have access. The service will be accessible, clinically appropriate and evidence based. This guide aims to articulate the systems and processes by which the staff will fulfil the objectives of the service.

2. Areas of Responsibility

- 2.1 **Regional Local Health Network Executives** are responsible for overall patient care.
- 2.2 **Regional Local Health Network Community Health Managers/Directors of Nursing and Midwifery** are responsible for ensuring that this guide is made known to all staff affected by its contents and for supporting the far end operational requirements for the service.
- 2.3 **Regional Local Health Network Credentialed Diabetes Educators (CDE)** are responsible for the CSII service and are responsible for assisting people with diabetes to have access to initial CSII training and clinical care, and for ongoing local clinical and educational support.
- 2.3 **Regional Local Health Networks Diabetes Educators** are responsible for seeking advice from the Regional LHN CDE and/or the Rural Support Service (RSS) Nurse Practitioner Diabetes in providing advanced clinical and educational support required to ensure a safe and quality service.

3. Procedure Details

Referral

- 3.1 All referrals should be directed to the Country Referral Unit at www.sahealth.sa.gov.au/countryreferralunit
- 3.2 Referrals will primarily be received directly from endocrinologists, specialist physicians and patients with diabetes and/or their carers. However, referrals may also present from general practitioners, allied health professionals or from external agencies (eg government and non-government). All relevant information will be requested.
- 3.3 All referrals must be assessed by the Diabetes Service Multi-Disciplinary Team. This team is to include an:
 - > Endocrinologist or Specialist Physician (visiting or by distance)
 - > General Practitioner
 - > Credentialed Diabetes Educator (CDE)
 - > Dietitian.
- 3.4 Details of the person with diabetes commencing CSII and their progress are to be accessible to local and regional staff as required.

Regional Local Health Networks

Appointment, Bookings and Confirmation

- 3.5 The CDE will confirm the initial clinic appointment and access to Diabetes Service Fact Sheet 'Insulin pump therapy in type 1 diabetes'.
- 3.6 Consolidated Country Client Management Engine (CCCME) booking is recorded by CDE providing the service.

Assessment Appointment

- 3.7 The CDE will discuss the Diabetes Service CSII Education and Training Pathway with the person and/or the carer to explain the Regional Service offered.

Appendix 1: RSS CSII Training and Clinical Care Pathway

- 3.8 The CDE will conduct an assessment of diabetes self-management with the person and/or carer using the Regional Diabetes Assessment Form (MR-DAF) or Regional Diabetes in Pregnancy Assessment Form (MR-DIP). This includes review of current diabetes management (eg multiple daily injections, blood glucose and blood ketone monitoring, continuous glucose or flash glucose monitoring), assessment of current techniques (eg blood glucose, blood ketone and insulin administration) and access to hypoglycaemia and hyperglycaemia action plans.

Additional pathology (eg HbA1c) will be required and requested by the CDE.

If the person and/or carer is identified as not having the knowledge and skills to manage CSII safely, the CDE must inform the referring Endocrinologist or Specialist Physician and General Practitioner and document issues and outcomes in the patient's medical record.

- 3.9 The CDE will identify the person and/or carers ability to identify carbohydrate and current use of insulin:carbohydrate ratio/s. The CDE is to arrange referral to the local Dietitian for further assessment and assistance with carbohydrate identification and counting carbohydrates in grams.

If the patient and/or carer is identified as not having the knowledge or skills to manage the insulin pump safely, the CDE must inform the referring Endocrinologist or Specialist Physician and General Practitioner and document issues and outcomes of discussion in the patient's medical record.

- 3.10 The CDE to discuss CSII technologies, advantages and indications, risks and basic insulin pump features (including reservoir, infusion set and cannula) and software.

All persons and/or their carer are to be provided with a CSII information package. This package is prepared locally by the CDE and includes information pertaining to insulin pumps and insulin pump related consumables currently available in Australia.

Further information can be sourced from:

AMSL Diabetes: www.amsl.com.au and www.tandemdiabetes.com

Medtronic: www.medtronic-diabetes.com.au

- 3.11 The CDE will inform the person and/or carer of the financial cost of CSII including initial set up costs and ongoing subsidised costs of consumables via the National Diabetes Services Scheme.

The person and/or carer is to seek further information from their Private Health Insurer, the Insulin Pump Companies (Loan Insulin Pumps may be available), Centrelink (Essential Medical Equipment Payment may be available) and the Juvenile Diabetes Research Foundation (JDRF) Insulin Pump Program at <http://www.jdrf.org.au/type-1-diabetes/insulin-pump-program-information> if under 21 years of age.

- 3.12 If the person and/or carer is considered suitable to safely self-manage CSII, then they must be given time to consider the information provided.

Regional Local Health Networks

The person and/or carer is to be encouraged to inform the CDE whether they would like to continue with the process when he/she is ready to do so.

If the person and/or carer choose not to proceed, the CDE is to document the decision and reasoning in the medical record and respond to the referring Endocrinologist and General Practitioner.

If the person and/or carer choose to proceed to commence CSII, he/she will be encouraged to provide the CDE with confirmation from their Private Health Insurer that they have appropriate cover for the cost of the insulin pump chosen. The CDE will arrange the education and training appointments with the CDE (+/- Dietitian follow up).

Education and Training Appointment/s

3.13 The CDE (+/- Dietitian) will provide further education in relation to diabetes self-management and training on CSII in accordance to the Regional LHN CSII Education and Training Pathway.

Appendix 2: CSII Education Medical Record Stickers

Further information is available from the Metropolitan LHN CSII Services. The Women's and Children's Health Network offer a comprehensive booklet for children, young people and their carers titled 'Getting Started on an Insulin Pump' and can be sourced from:

http://inside.wchn.sa.gov.au/webs/endocrine_diabetes/documents/GettingStartedonanInsulinPumpv1.5.pdf

Specific Insulin Pump training modules are recommended for the person and/or carer to complete and can be sourced from:

AMSL Diabetes: www.tandemdiabetes.com/support/product-training

Medtronic: www.medtronic-diabetes.com.au/support/my-learning

Education provided by the CDE should be documented in the medical record. If issues are identified that impact on the person's diabetes self-management or ability to manage CSII safely, the CDE must inform the referring Endocrinologist or Specialist Physician and General Practitioner. Outcomes of such discussions are to be included in the medical record.

The person and/or carer will continue appointments with the CDE (+/- Dietitian) until assessed as safe to commence CSII.

Ordering of Insulin Pump and NDSS Consumables

3.14 The person and/or carer will decide on the brand of insulin pump and advise CDE.

Forms required in preparation of commencement of CSII are to be completed by the person and/or carer, CDE and/or Endocrinologist:

> Private Health Insurance Verification

The person and/or carer must confirm their eligibility for insulin pump benefits with their Private Health Insurer and meet any requirements set regarding qualifying periods before they can claim a rebate on the cost of an insulin pump. Most private health insurers have a waiting period of 12 months, but it can be as long as five years.

Each Private Health Insurer has a specific form for ordering the insulin pump. The person and/or carer needs to request this form from their Private Health Insurer.

If the person and/or carer is to claim the cost of the insulin pump through their Private Health Insurer, a 'Letter of Clinical Need' is also required. The CDE may wish to commence this and arrange for it to be signed by the referring Endocrinologist or Specialist Physician.

Appendix 3: Private Health Insurance Verification for CSII Initiation Letter - Example

Regional Local Health Networks

> Insulin Pump Order Forms

Ordering the insulin pump is the responsibility of the person and/or carer, insulin pump company representative, Private Health Insurer (if applicable) and CDE.

The CDE is not responsible for the purchase of the insulin pump or any related consumables. The CDE will offer advice and facilitate access to the Insulin Pump Order Form and complete the Hospital/Clinic Information Section.

AMSL Diabetes Insulin Pump Order form available at:

http://amsldiabetes.com.au/?hcp_resources=amsl-order-forms

Medtronic Insulin Pump Order Forms available at: <https://hcp.medtronic-diabetes.com.au/resources>

Medtronic 'Bridging the Gap' Loan Pump Order form available at: <https://www.medtronic-diabetes.com.au/sites/default/files/1742-022015Bridging-the-Gap-Loaner-Pack-V2-AUG-2015.pdf>

Juvenile Diabetes Research Foundation (JDRF) Insulin Pump Program Waiting List Registration available at: <http://www.jdrf.org.au/type-1-diabetes/insulin-pump-program-information>

> National Diabetes Services Scheme (NDSS) Forms

The NDSS scheme provides free insulin syringes, free pen needles for insulin injection devices, subsidised blood glucose, subsidised urine testing strips and subsidised insulin pump consumables.

The CDE is not responsible for the purchase of insulin pump related consumables but will offer advice, facilitate access to the forms and certify the person and/or carers details.

National Diabetes Services Scheme (NDSS) General Registration Form available at: <https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/f973794b-69d8-4cca-b9c5-23b55cde2f62.pdf>

National Diabetes Services Scheme (NDSS) Insulin Pump Consumables Assessment Form available at: <https://www.ndss.com.au/wp-content/uploads/forms/insulin-pump-consumables-assessment-form.pdf>

NDSS Consumables Order Form available at:

<https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/8eed9294-f3da-462e-8d85-3bbdc0b49372.pdf>

The CDE is to inform the person and/or carer of the specific consumables required and that the subsidised insulin pump consumables may not be routinely available at all NDSS community pharmacies.

> Centrelink Essential Medical Equipment Payment Form

The Essential Medical Equipment Payment is to cover the additional running costs for essential medical equipment. This payment is available in addition to any existing state and territory government schemes and is paid as one tax free lump sum, paid annually and is not subject to an income or asset test. The person and/or carers can claim this payment online by logging into their Centrelink account.

The Essential Medical Equipment Medical Confirmation Form to be completed by the Endocrinologist or Specialist Physician available at:

<https://www.humanservices.gov.au/sites/default/files/documents/sa449-1507en.pdf>

Regional Local Health Networks

Planning for CSII Initiation

3.15 The CDE to liaise with Endocrinologist or Specialist Physician in relation to;

- > appointment date and time for initiation of insulin pump
- > insulin doses for the evening before and morning of insulin pump commencement
- > initial CSII settings (eg basal setting/s, blood glucose target range, insulin:carbohydrate ratio/s, insulin sensitivity factor/s and insulin action time)
- > CSII setting titration plan post initiation of insulin pump, and
- > follow up appointments planned with the CDE, Dietitian and Endocrinologist or Specialist Physician.

Initiation settings are to be documented on *Appendix 4: RSS CSII Outpatient Rate Record MR - COR*.

The CDE to advise the person and/or carer to bring with them on the Day of CSII Initiation;

- > Rapid Acting Insulin prescribed(eg Novorapid, Humalog or Fiasp)
- > Reservoirs x 1 box
- > Infusion sets x 1 box
- > Skin preparation (eg Alcohol wipe)
- > Freestyle Blood Glucose and Blood Ketone Meter (and Contour-link meter and strips if using a Medtronic pump)
- > Blood Glucose and Blood Ketone Test Strips
- > Hypoglycaemia Kit
- > Lunch and carbohydrate free snacks
- > School contact details (if applicable)
- > Personal diary to assist in planning future appointments.

Day of CSII Initiation

3.16 The CDE facilitates the initiation and ensures that the medical record includes accurate documentation of the appointment including education and training provided and procedures implemented (eg preparation of reservoir and infusion set, preparation of site, insertion and priming of cannula, time of CSII commencement).

The CDE will complete the specific **Insulin Pump Training Checklist** with the person and/or carer and retain a copy in the medical records.

Appendix 5: AMSL Diabetes T-Slim Insulin Pump Checklist

Appendix 6: Medtronic 640G Insulin Pump Checklist

Appendix 7: Medtronic 670G Insulin Pump Checklist

The CDE will encourage and/or assist the person and/or carer to install the specific insulin pump software and link to the CDE Professional Account and/or that of the referring Endocrinologist or Specialist Physician.

The Dietitian will review the person and/or carer on the same day if required.

The CDE is responsible for ensuring the person and/or carer is confident and comfortable to continue CSII use. The person and/or carer must be able to demonstrate competence in all CSII practical skills and articulate the emergency backup plan and emergency contact details (eg Endocrinologist or Specialist Physician, Emergency Department and Insulin Pump Technical Support).

The CDE will provide a letter to the Endocrinologist or Specialist Physician following the appointment and include a copy of the Insulin Pump Training Checklist and Follow up Plan. The CDE will provide a copy of this correspondence to the General Practitioner.

If the person and/or carer is identified as not having the diabetes self-management skills or they are unable to manage CSII safely on the day of CSII initiation, the CDE must inform the referring Endocrinologist or Specialist Physician. The CDE is to document the outcomes of the discussion with the Endocrinologist or Specialist Physician in the medical record.

Regional Local Health Networks

Follow Up Appointments

3.17 In most cases (unless otherwise indicated by the referring Endocrinologist or Specialist Physician), the CDE will request that the person and/or carer make contact via telephone the following day to review initial management and make contact with the person and/or carer in the event they do not.

During the first week, the person and/or carer is expected to:

- > Check blood glucose before and 2 hours after main meals, at bedtime, midnight and at 2am.
- > Enter all blood glucose test results and carbohydrates consumed into the insulin pump.
- > Upload the insulin pump and provide a daily report or as requested by the Endocrinologist or Specialist Physician.

The CDE may also offer an appointment to assist with the first infusion and cannula change and re-site on the 3rd day post CSII initiation.

Review appointments with the CDE (+/- Dietitian) should be made at 1 week, 4 weeks, 6 weeks and 3 months to trouble shoot, review diabetes management, assist with titration and update previous Hypoglycaemia and Hyperglycaemia Action Plans including Early Childhood and School Insulin Pump Action Plans.

Specific Insulin Pump Follow Up Checklists are offered and can be sourced from:

Further information can be sourced from:

AMSL Diabetes: www.amsl.com.au and www.tandemdiabetes.com

Medtronic: www.medtronic-diabetes.com.au

Insulin titration guidelines for safe self-management are to be documented on *Appendix 4: RSS CSII Outpatient Rate Record MR - COR*.

Further information is available from the Metropolitan LHN CSII Services. The Women's and Children's Health Network offer a comprehensive self-management titration guide for children, young people and their carers titled 'Interpreting Pump Downloads and Adjusting Settings' and can be sourced from:

http://inside.wchn.sa.gov.au/webs/endocrine_diabetes/documents/InterpretingandAdjustingPumpSettings2017.pdf

Review appointments with the Endocrinologist or Specialist Physician will also be required.

The person and/or carer should be encouraged to upload the insulin pumps and generate their individual reports periodically if concerned and prior to a CDE or Endocrinologist or Specialist Physician review. These reports can be emailed as a pdf prior to the appointment or printed and brought with them to their respective appointment/s.

In general, it is not the responsibility of the CDE to upload and generate reports. However, there may be some circumstances where the CDE may be required to obtain a report to assist with his/her assessment and rapid access service delivery.

CSII Upgrade

3.18 People and/or carers have the option of upgrading their insulin pump at the end of the warranty period. This is commonly four or five years. Each Private Health Insurer has specific criteria to qualify for an insulin pump upgrade.

It is the responsibility of the person and/or carer to check with their Private Health Insurer with regards to upgrading to a new insulin pump. To ensure the person and/or carer do not experience any out of pocket expenses, the CDE will recommend that they check the warranty period and the level of cover.

Regional Local Health Networks

The process for upgrading CSII is as described in the previous sections titled 'Referral, Appointment, Bookings and Confirmation, Assessment Appointment, Ordering of Insulin Pump and NDSS Consumables and Planning for Insulin Pump Initiation'.

In general, education and training appointments and follow up appointments for upgrades will be less time consuming for the person and/or carer. However, a CSII upgrade is an opportunity to revisit best practice and enhance self-management principles.

If the person and/or carer is to claim the cost of the new insulin pump through their Private Health Insurer, a 'Letter of Clinical Need' is required. The CDE may wish to commence this and arrange for it to be signed by the referring Endocrinologist or Specialist Physician.

Appendix 8: Private Health Insurance Verification for CSII Upgrade Letter - Example

4 Evaluation criteria

Compliance with this procedure will be monitored by RSS Diabetes Service via the following mechanisms:

- > bi-annual review of this procedure
- > regular review of feedback from service sites.

5. Staff orientation and training

Staff training is recommended at orientation and at increments to maintain competency.

A Protocol (Clinical) CSII Moodle presentation is available at

<https://www.saheducation.com/moodle/course/view.php?id=502>

6. Patient education support

Further information and online training modules are available via:

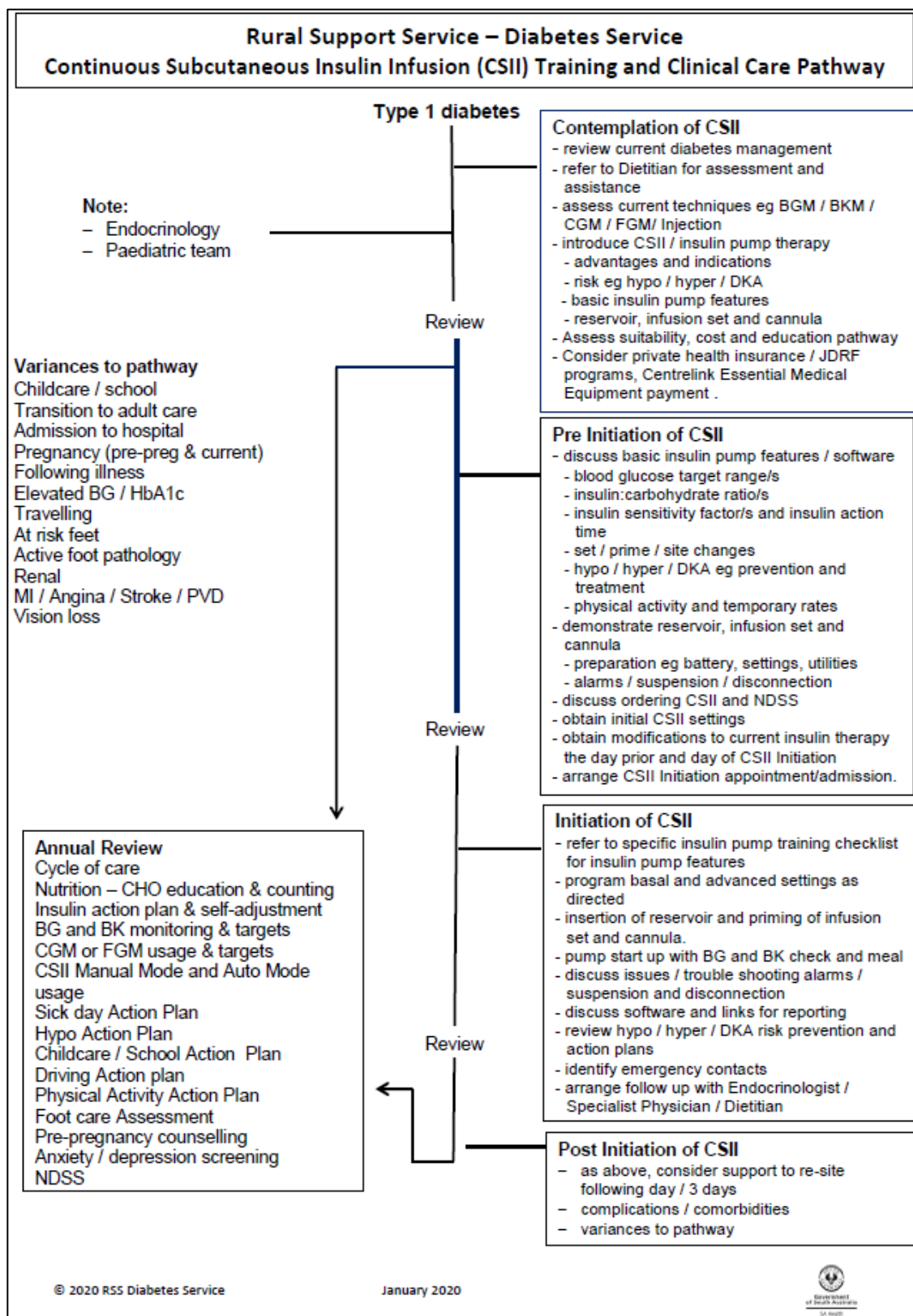
AMSL Diabetes: www.amsl.com.au and www.tandemdiabetes.com

Medtronic : www.medtronic-diabetes.com.au

Technical support is available 24 hours per day.

AMSL Diabetes Free Call: 1300 851 056

Medtronic Free Call: 1800 668 670



<p>Diabetes Service Consult CSII Initiation – Education – Part One</p> <ul style="list-style-type: none"> <input type="checkbox"/> review current diabetes management <input type="checkbox"/> introduce CSII / insulin pump therapy <input type="checkbox"/> discuss advantages and indications <input type="checkbox"/> discuss risk eg hypo / hyper / DKA <input type="checkbox"/> assess current techniques eg BGM/BKM/CGM/FGM <input type="checkbox"/> demonstrate basic insulin pump features <input type="checkbox"/> demonstrate reservoir, infusion set and cannula <input type="checkbox"/> discuss suitability, cost and education pathway <input type="checkbox"/> discuss Private Insurance / JDRF / Centrelink <p>Written information provided</p> <ul style="list-style-type: none"> <input type="checkbox"/> AMSL _____ <input type="checkbox"/> Medtronic _____ <p>Personal goal _____</p> <p>Diabetes Service Consult CSII – Education – Part Three</p> <ul style="list-style-type: none"> <input type="checkbox"/> discuss insulin pump and software <input type="checkbox"/> discuss alarms / suspension and disconnection <input type="checkbox"/> discuss hypoglycaemia eg prevention and treatment <input type="checkbox"/> discuss hyperglycaemia eg prevention and treatment <input type="checkbox"/> discuss DKA eg prevention and treatment <input type="checkbox"/> discuss physical activity and temporary rates <p>Written information provided</p> <ul style="list-style-type: none"> <input type="checkbox"/> Initial CSII settings _____ <input type="checkbox"/> Modifications to current insulin therapy the day prior and day of CSII Initiation _____ <input type="checkbox"/> CSII Initiation Appointment _____ <input type="checkbox"/> _____ <p>Personal goal _____</p> <p>Diabetes Service Consult CSII – Review</p> <ul style="list-style-type: none"> <input type="checkbox"/> discuss insulin pump, software and concerns <input type="checkbox"/> discuss alarms / suspension and disconnection <input type="checkbox"/> discuss hypoglycaemia / hyperglycaemia / DKA <input type="checkbox"/> discuss dietary intake and insulin:CHO ratio/s <input type="checkbox"/> discuss physical activity and temporary rates <input type="checkbox"/> review technique of basic insulin pump features <input type="checkbox"/> review technique reservoir, infusion set and cannula <input type="checkbox"/> review technique suspend / disconnect <p>Written information provided</p> <ul style="list-style-type: none"> <input type="checkbox"/> Action Plans _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Personal goal _____</p>	<p>Diabetes Service Consult CSII – Education – Part Two</p> <ul style="list-style-type: none"> <input type="checkbox"/> demonstrate basic insulin pump features <input type="checkbox"/> demonstrate reservoir, infusion set and cannula <input type="checkbox"/> demonstrate preparation eg battery, settings, utilities <input type="checkbox"/> discuss BG target, linked BGM/CGM or FGM <input type="checkbox"/> discuss Insulin:CHO ratio/s <input type="checkbox"/> discuss Insulin Sensitivity Factor/s and Insulin Action Time <input type="checkbox"/> discuss set / prime / site changes and disconnecting <input type="checkbox"/> discuss ordering CSII and NDSS supplies <p>Written information provided _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <p>Personal goal _____</p> <p>Diabetes Service Consult CSII – Education – Upgrade</p> <ul style="list-style-type: none"> <input type="checkbox"/> review current CSII and diabetes management <input type="checkbox"/> discuss advantages / risk eg hypo / hyper / DKA <input type="checkbox"/> assess current techniques eg BGM/BKM/CGM/FGM <input type="checkbox"/> demonstrate basic insulin pump features <input type="checkbox"/> demonstrate reservoir, infusion set and cannula <input type="checkbox"/> discuss suitability, cost and education pathway <input type="checkbox"/> discuss Private Insurance / JDRF program <p>Written information provided _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> AMSL _____ <input type="checkbox"/> Medtronic _____ <input type="checkbox"/> CSII Upgrade Appointment _____ <input type="checkbox"/> _____ <p>Personal goal _____</p>
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 COUNTRY HEALTH CONNECT	 Government of South Australia SA Health
Call us on: 1800 944 912	Diabetes Service Regional Local Health Network

20 January 2020

Customer Service
Private Health Insurer
PO Box / Street Address
SUBURB STATE Postcode

Dear Private Health Insurer Customer Service

Re: Continuous Subcutaneous Insulin Infusion (CSII) – Commencement

I am writing to advise that Mr/Mrs/Ms Name SURNAME has type 1 diabetes mellitus and requires insulin to achieve target glycaemia.

Mr/Mrs/Ms Name SURNAME is currently at significant risk of acute diabetes related complications (hypoglycaemia / hyperglycaemia / diabetes ketoacidosis) and chronic diabetes related illness.

I believe target glycaemia would be best achieved through the commencement of continuous subcutaneous insulin infusion (insulin pump therapy). His/her most recent HbA1c on date was reported as **% (**mmol/mol). I plan to initiate CSII on an ambulatory care basis on the day / month / year.

Mr/Mrs/Ms Name SURNAME identifiable details are:

Date of Birth: Day / Month / Year
Residential Address: PO Box / Street Address, SURBURB SA Postcode

Private Health Insurer Membership: *****
Regional Local Health Network Medical Record Number: *****

Mr/Mrs/Ms Name SURNAME is keen to use the _____. The rebate code is _____.

I look forward to confirmation of your assistance in this matter in writing ASAP.

Please include Name SURNAME, Credentialed Diabetes Educator - Diabetes Service into any correspondence offered. CDE Name SURNAME can be contacted via email at Name SURNAME@sa.gov.au or via landline (08) **** * or mobile **** *.

Yours Sincerely

Professor / Dr Name SURNAME
Endocrinologist
_____ Hospital and Health Service
PO Box / Street Address
Suburb SA Postcode

 **Government of South Australia**
SA Health

<p>CHSALHN</p> <p>CSII (INSULIN PUMP) OUTPATIENT RECORD (MR-COR)</p>		Affix patient identification label in this box			
Hospital:		UR Number: Surname: Given name: Second given name: D.O.B: ___ / ___ / ___ Sex:			
BASAL RATE	DATE	DATE	DATE	DATE	DATE
0000-0100					
0100-0200					
0200-0300					
0300-0400					
0400-0500					
0500-0600					
0600-0700					
0700-0800					
0800-0900					
0900-1000					
1000-1100					
1100-1200					
1200-1300					
1300-1400					
1400-1500					
1500-1600					
1600-1700					
1700-1800					
1800-1900					
1900-2000					
2000-2100					
2100-2200					
2200-2300					
2300-2400					
TOTAL BASAL INSULIN DOSE					
TARGET BGL					
CORRECTIONAL FACTOR 1 unit lowers BGL by ___ mmol/L					
BREAKFAST CARBOHYDRATE RATIO 1 unit for ___ grams					
LUNCH CARBOHYDRATE RATIO 1 unit for ___ grams					
EVENING MEAL CARBOHYDRATE RATIO 1 unit for ___ grams					
ACTIVE INSULIN (INSULIN ON BOARD (IOB)) Insulin action is ___ hours					
HbA1c					
SICK DAY MANAGEMENT					
Temporary Rate					
% BASAL RATE DURATION (HRS)					
PHYSICAL ACTIVITY PLANNING					
Temporary Rate					
% BASAL RATE DURATION (HRS)					
OTHER					

SA Health
Created
March
2017

CHSALHN CSII (INSULIN PUMP)
OUTPATIENT RECORD

MR-COR

t:slim X2

Pump Training Checklist


➤

Patient Information		
Patient's full name	Date of Birth (DD/MM/YYYY)	Pump Serial Number
Training Date	Healthcare Professional	<input type="checkbox"/> New to Pump Therapy <input type="checkbox"/> Currently on Pump Therapy <input type="checkbox"/> Currently on CGM
BG Before Training	<input type="checkbox"/> Insulin Start	<input type="checkbox"/> Saline Start

Getting Started	Knowledge Assessment
<input type="checkbox"/> Rechargeable Lithium Polymer Battery, Best Battery Charging Practices, and Initial Message and Charge. Type of Insulin: <input type="checkbox"/> NovoRapid (72hrs) <input type="checkbox"/> Humalog (48hrs) <input type="checkbox"/> Tandem Insulin Pump User Guide	<input type="checkbox"/> Most recent diabetes education provided by: _____ Date: _____ <input type="checkbox"/> Pump Therapy basic concepts: Basal/Bolus, Insulin to Carb Ratio, Correction Factor, Insulin on Board, single patient use only

Understanding and Using the t:slim X2 Insulin Pump	
<p>Pump Overview: Touch screen and general navigation</p> <input type="checkbox"/> Screen on/Quick Bolus Button <input type="checkbox"/> Touch Screen - turns off after 3 accidental screen taps <input type="checkbox"/> Screen Lock - turns off pump screen after each interaction <input type="checkbox"/> Home screen and Home "T" button Status, Bolus and Options screen <input type="checkbox"/> My Pump screen <input type="checkbox"/> Keypad screens: numbers and letters <input type="checkbox"/> Importance of active confirmation screens <input type="checkbox"/> Review the icons and symbols on touch screen <p>Personal Profiles</p> <input type="checkbox"/> Creating a new Personal Profile: Name, Timed Settings, & Bolus Settings <input type="checkbox"/> Edit or Review, Activate, Duplicate, Delete, & Rename a Personal Profile <p>Delivering Boluses</p> <input type="checkbox"/> Standard food bolus, adding multiple carbs, cancelling bolus <input type="checkbox"/> Entering BG value, correction bolus, food bolus with correction <input type="checkbox"/> Extended Bolus <input type="checkbox"/> Quick Bolus	<input type="checkbox"/> Temporary Basal Rate: Start and Stop a Temp Rate Alert Settings <input type="checkbox"/> Reminders: Low BG, High BG, After Bolus BG, Missed Meal Bolus <input type="checkbox"/> Alerts: Low Insulin, Auto-off (default ON, recommend OFF) <p>Pump Settings</p> <input type="checkbox"/> Quick Bolus: grams or units, increments <input type="checkbox"/> Pump Sound: Low, Medium, High or Vibrate <input type="checkbox"/> Screen Options: Screen Timeout, Feature Lock <input type="checkbox"/> Time and Date (important for accuracy of settings and data) <input type="checkbox"/> Review History: Insulin delivery, bolus, basal, load, BG, alerts and alarms and CGM (t:slim X2 with Dexcom G5 only) <input type="checkbox"/> Pump Info: Tandem Insulin Pump serial number, Customer Care Team contact information, warranty reviewed <input type="checkbox"/> Stop and Resume Insulin delivery

4A. MINIMED® 640G CGM TRAINING CHECKLIST



Patient Name:	
Patient ID (if applicable):	
Insulin Pump Model:	
Insulin Pump Serial Number:	
BG Meter Brand:	
CGM Transmitter Serial Number:	
Certified Product Trainer:	
Infusion Set:	
Prescribing Physician:	

it thinks >>>

4A. MiniMed® 640G CGM Training Checklist

For New Users

Training Date: _____ Start time: _____ End time: _____

Have patient check BG prior to and after training session: BG at start: _____ BG at end: _____

Check all that apply: Reviewed Getting Started with CGM _____

Reviewed Getting Started with Medtronic CareLink® Personal _____

KEY TO SUCCESS: SENSOR GLUCOSE ≠ BLOOD GLUCOSE

Patient has verbalised understanding of:

Difference between sensor glucose (SG) and blood glucose (BG) BG confirmations required for treatment decisions

Comment: _____

KEY TO SUCCESS: TRENDS

Patient has verbalised understanding of:

Focusing on trends vs. SG Single, double, and triple trend arrows

Comment: _____

KEY TO SUCCESS: PERSONALISE ALARM AND ALERTS

Importance of Personalising Alerts

High Settings

Time Segments & Limits

Alert before high

Time before high

Alert on high

Rise Alert

Rise Limit

High Snooze

High settings have been entered

Low Settings

Time Segments & Limits

Suspend before low

Alert before low

Suspend on low

Alert on low

Resume basal alert (Auto & 2 hr max resume)

Low Snooze

Low settings have been entered

Comment: _____

KEY TO SUCCESS: SENSOR INSERTION AND DOUBLE BUTTON PRESS

Patient has verbalised understanding and demonstrated the following:

Connecting pump and transmitter

Site selection, rotation, and preparation

Proper steps to sensor insertion

Importance of Double Button Press and 5 second hold

Applying pressure to sensor adhesive for several seconds

Comment: _____

PATIENT TRAINING CHECKLIST MINIMED™ 670G SYSTEM

Technical Training Insulin Pump

Patient Name: _____ Date: _____

Certified Product Trainer: _____ Infusion Set: _____

Insulin Pump Model: _____

BASIC FEATURES

Patient has demonstrated understanding of:

<input type="checkbox"/> Button Functions	<input type="checkbox"/> Home Screen	<input type="checkbox"/> Menu review	<input type="checkbox"/> Status Screens
<input type="checkbox"/> Battery type/insertion	<input type="checkbox"/> Pump unlock/Sleep mode	<input type="checkbox"/> Audio Options	<input type="checkbox"/> Used Device Options to connect pump and meter
<input type="checkbox"/> Startup Wizard	<input type="checkbox"/> Status bar icons	<input type="checkbox"/> Display Options	

KEY TO SUCCESS: BASAL

Patient has demonstrated the ability to:

<input type="checkbox"/> Enter Basal Pattern	<input type="checkbox"/> Change basal rates within a pattern	<input type="checkbox"/> Suspend Delivery / Resume
<input type="checkbox"/> Review and Save	<input type="checkbox"/> Max Basal	<input type="checkbox"/> Appropriate times to manually suspend
<input type="checkbox"/> Temp. Basal		

KEY TO SUCCESS: BOLUS

<input type="checkbox"/> Patient has verbalised the understanding of the Bolus Wizard concept	Patient has demonstrated the ability to:	
	<input type="checkbox"/> Enter Bolus Wizard™ calculator settings	<input type="checkbox"/> Max Bolus
	<input type="checkbox"/> Active Insulin	<input type="checkbox"/> Using Manual Bolus
	<input type="checkbox"/> Using Bolus Wizard™ calculator	
	<input type="checkbox"/> BG and Carb	<input type="checkbox"/> BG Only


KEY TO SUCCESS: INFUSION SET



Patient has demonstrated the ability to:	Patient has verbalised understanding of:
<input type="checkbox"/> Fill reservoir and change infusion set with minimal assistance	<input type="checkbox"/> Infusion set change frequency
	<input type="checkbox"/> Importance of site rotation

KEY TO SUCCESS: ALERTS & ALARMS

Patient has verbalised understanding of:

<input type="checkbox"/> Notification light and Audio indication type	<input type="checkbox"/> Steps to take to address an alert or alarm
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 <p>COUNTRY HEALTH CONNECT</p> <p>Call us on: 1800 944 912</p>	 <p>Government of South Australia SA Health</p> <p>Diabetes Service Regional Local Health Network</p> <p>Street Address SUBURB SA Postcode</p> <p>PO Box, SUBURB SA Postcode</p> <p>Tel 08 **** * FAX 08 **** * ABN 96 157 660 816 www.Health.DiabetesService@sa.gov.au</p>
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20 January 2020

Customer Service
Private Health Insurer
PO Box / Street Address
SUBURB STATE Postcode

Dear Private Health Insurer Customer Service

Re: Continuous Subcutaneous Insulin Infusion (CSII) – Commencement

I am writing to advise that Mr/Mrs/Ms Name SURNAME has type 1 diabetes mellitus and requires insulin to achieve target glycaemia.

The current insulin pump is out of warranty and must be replaced. Mr/Mrs/Ms Name Sumame is currently at significant risk of acute diabetes related complications (hypoglycaemia / hyperglycaemia / diabetes ketoacidosis), and chronic diabetes related illness.

I believe target glycaemia would be best achieved through the upgrade of their continuous subcutaneous insulin infusion (insulin pump therapy). His/her most recent HbA1c on date was reported as **% (**mmol/mol). I plan to upgrade their CSII on an ambulatory care basis on the day / month / year.

Mr/Mrs/Ms Name SURNAME identifiable details are:

Date of Birth: Day / Month / Year
Residential Address: PO Box / Street Address, SURBURB SA Postcode

Private Health Insurer Membership: *****
Regional Local Health Network Medical Record Number: *****


Mr/Mrs/Ms Name SURNAME is keen to upgrade to the _____. The rebate code is _____.

I look forward to confirmation of your assistance in this matter in writing ASAP.

Please include Name SURNAME, Credentialed Diabetes Educator - Diabetes Service into any correspondence offered. CDE Name SURNAME can be contacted via email at Name SURNAME@sa.gov.au or via landline (08) **** * or mobile **** *.

Yours Sincerely

Professor / Dr Name SURNAME
Endocrinologist
_____ Hospital and Health Service
PO Box / Street Address
Suburb SA Postcode

 **Government of South Australia**
SA Health

Regional Local Health Networks

Linked Documents

Document Name
RSS Diabetes Assessment Form (MR-DAF)
RSS Diabetes in Pregnancy Assessment Form (MR-DIP)
RSS Protocol (Clinical) Continuous Subcutaneous Insulin Infusion (CSII)
RSS CSII (Insulin Pump) Inpatient Record (MR-CIR)
AMSL Diabetes T-Slim Training Checklist
Medtronic 640G Training Checklist
Medtronic 670G Training Checklist

References

Document Name
1. Nursing and Midwifery Board of Australia: Nurses Code of Professional Conduct for Nurses in Australia (2016) http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx
2. Nursing and Midwifery Board of Australia: Code of Ethics (2013) http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Professional-standards.aspx
3. SA Health Policy Directive: The Governance Framework for Advanced Scope of Practice (2013), http://www.sahealth.sa.gov.au/wps/wcm/connect/26da83804fe0732e9831faf2d1e85ff8/Directive+-+Advanced+and+Extended+Scope+of+Practice+Roles+-+May2016.pdf?MOD=AJPERES&CACHEID=26da83804fe0732e9831faf2d1e85ff8
4. CHSALHN Foundation Policy: Care Continuum (2012) http://wiki.health.sa.gov.au/@api/deki/files/30835/=CHSA_Foundation_Policy-Care_Continuum-FP02.pdf
5. Craig M, Twigg S, Donaghue K, Cheung N, Cameron F, Conn J, Jenkins A, and Silink M, 2011, <i>National evidence-based clinical care guidelines for type 1 diabetes in children, adolescents and adults, adolescents and adults</i> , Australian Government Department of Health and Ageing, Canberra.
6. Australian Institute of Health and Welfare 2012. <i>Insulin pump use in Australia</i> . Diabetes Series no.18. cat. no. CVD 58. Canberra, Australian Institute of Health and Welfare.

Regional Local Health Networks

Accreditation Standards

National Safety and Quality Health Service Standards (NSQHSS)

1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input type="checkbox"/>
Governance for Safety and Quality in Healthcare	Partnering with Consumers	Preventing & Controlling Healthcare Associated Infections	Medication Safety	Patient Identification & Procedure Matching	Clinical Handover	Blood & Blood Products	Preventing & Managing Pressure Injuries	Recognising & Responding to Clinical Deterioration	Preventing Falls & Harm from Falls

Evaluation and Quality Improvement Program (EQiP)

11 <input checked="" type="checkbox"/>	12 <input checked="" type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>
Service Delivery	Provision of Care	Workforce Planning and Management	Information Management	Corporate Systems and Safety

Australian Aged Care and Quality Agency (AACQA) – Home Care Common Standards

1 <input checked="" type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	<i>Specific criteria: (e.g. 1.5, 3.1)</i>
Effective Management	Appropriate Access and Service Delivery	Service User Rights and Responsibilities	

Australian Aged Care and Quality Agency (AACQA) – Residential Aged Care Standards

1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<i>Specific criteria: (e.g. 1.1, 4.5)</i>
Management Systems, Staffing and Organisational Development	Health and Personal Care	Care Recipient Lifestyle	Physical Environment and Safe Systems	

Consultation

Version	Consultation
1.0	SA Health Metropolitan Diabetes Services, Nurse Practitioner-Diabetes - Mt Gambier, Diabetes Specialist Nurse Network, CHSALHN Director of Endocrinology.