**Community Diabetes Team Insulin Pump/Technology Competency Document**

**Name:**

**General**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Performance Criteria** | **Evidence methods = Direct Observation (DO) / Discussion (D)** | | **Competency Achieved (Yes/No)** | **Date** | **Signature (supervisor)** |
| Is able to explain the difference between MDI and Insulin Pump Therapy.  Including;  - Only one type of insulin used in a pump  - Pump is constantly attached via a small cannula and tubing  - Advantages and disadvantages of pump therapy  -A basal rate will be delivered 24 hours a day  - Pump will be used to deliver insulin bolus for foods containing carbohydrates  -Pump insurance |  | |  |  |  |
| Can provide 3 potential negatives of pump therapy |  | |  |  |  |
| Can provide 3 potential benefits of pump therapy |  | |  |  |  |
| Is able to explain the difference between basal rates and bolus programming and how this relates to exercise, food, sickness and daily variations. |  | |  |  |  |
| Is able to discuss practical issues of living with Insulin pump therapy, showering, sleeping, disconnection from pump etc.… |  | |  |  |  |
| Is able to explain what the bolus calculator is and its benefits. |  | |  |  |  |
| Is able to explain regularity of HBGM and ketone testing. |  | |  |  |  |
| Is able to explain how prevent DKA and what action to take when glucose is >14 mmol/l |  | |  |  |  |
| Is able to explain management of hypoglycaemia on insulin pump therapy |  | |  |  |  |
| Is able to explain the limitations of pump therapy and what to do if it fails and the patient receives alarms on the pump (no delivery, occlusion etc.). |  | |  |  |  |
| Is able to explain how to calculate dose if patient needs to return to insulin via pen/injections. |  | |  |  |  |
| Is able to explain and provide key contacts and emergency contacts |  | |  |  |  |
| Is able to assess patient’s competency. |  | |  |  |  |
| Is able to articulate the factors that need to be considered in order to decide when patients should return for further education |  | |  |  |  |
| Is able to articulate when the patient should contact educator by phone and measures to take if this does not occur. |  | |  |  |  |
| **Additional Competencies** |  | | | | |
| Libre Academy |  | |  |  |  |
| Diasend/Glooko Academy  \*as recommended by ABCD/DTN UK |  | |  |  |  |
| **Pump Specific** |  | | | | |
| Attended face to face pump rep demo/training | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to demonstrate and teach how to fill reservoir, how infusion set is attached, sites and wearing the pump. | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to demonstrate and teach how to give a standard bolus/Easy bolus. | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to give detailed instruction on programming pump with opportunities to practice.  Including:  -Setting time and date  -Max basal/Bolus Rates  -Battery life, recognising low battery  -low reservoir alert | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to discuss the different cannulas available and when these would be used. | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to calculate and programme the bolus adviser settings. | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to calculate and programme the basal rates | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to demonstrate how to set up a Temporary basal rate. | Medtronic |  |  |  |  |
| Omnipod |  |
| Tandem |  |
| Ypsomed |  |
| Is able to upload pump in clinic setting and advise patient how to upload at home | Medtronic |  |  |  |  |
| Omnipod |  |  |  |  |
| Tandem |  |  |  |  |
| Ypsomed |  |  |  |  |