Template for HCL assessment for PW T1D

Seen in the diabetes service to assess eligibility and plan implementation around the use of CSII / HCL as per NICE TA 943

The primary indication for CSII/HCL implementation for this individual is:

A summary of their current status in relation to implementation is recorded below

**Eligibility Criteria**

Confirmed Type 1 (insulin deficient) Diabetes                           yes  /  no

Most Recent HbA1c (>58mmol/mol)                                        yes  /  no

Significant hypoglycaemia risk                                                 yes  /  no

**Other Clinical Indications**

Quality of Life Impact (if yes add detail)                                    yes  /  no

Occupational / Educational imperative                                      yes  /  no

**Qualifying / Prioritising Issues**

If female has plans for pregnancy within 5y                              yes  /  no

Date of most recent Retinal screening                     Result (R1M0 or lower)               yes  /  no

Use of any adjunctive medical therapies discontinued               yes  /  no

Current Device data linked to Clinic Accounts and up to date     yes  /  no

Has good grasp of MDI insulin principles\*                                 yes  /  no

Total Daily Dose of insulin (basal plus bolus)

Device Preference expressed - if so record here

Cognitive / Physical Limitations which may have impact            yes  /  no            (if yes add detail)

Permission to share email for DAFNE HCL? Yes / no

**As a result of this consultation they are currently designated as**

A) eligible for CSII / HCL implementation and are placed on our waiting list as category  1  /   2

B) not currently eligibile and an alternate management pathway will be implemented

C) eligible but not currently ready for implementation without remedial management (to be documented)

**Additional Clinical Note**

\* separate assessment proforma available