

### CSII Education Competency Checklist

Name:		Chart No:
Commencement Date	Performance Criteria	Completion Date
	<p><b>Overview of insulin pump</b> <i>Patient and/or Parent:</i></p> <ol style="list-style-type: none"> <li>1. Understands purpose of all pump settings</li> <li>2. Can set the time and date</li> <li>3. Can insert and change batteries</li> <li>4. Can outline general care of the pump</li> <li>5. Is aware of the need to change battery cover and adapter ( Animas and Roche pumps )</li> </ol>	
	<p><b>Pump set up</b> <i>Patient and/or Parent can demonstrate an ability to:</i></p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene</li> <li>2. Fill cartridge with insulin</li> <li>3. Rewind Piston</li> <li>4. Check for air in the cartridge and dispel as necessary</li> <li>5. Prime the tubing with the pump</li> <li>6. Insertion of the cannula into the subcutaneous tissue</li> <li>7. Prime the cannula once inserted. The amount depends on the type of insulin pump.</li> <li>8. Safely dispose of waste materials and use a sharps bin as necessary</li> </ol>	
	<p><b>Basal rate / Bolus</b> <i>Patient and/or Parent can demonstrate an ability to:</i></p> <ol style="list-style-type: none"> <li>1. Set &amp; Review basal rates</li> <li>2. Set &amp; cancel temporary Basal rates</li> <li>3. Set &amp; cancel a bolus</li> <li>4. Use the bolus wizard/ Eazy carb/ bolus advice</li> <li>5. Set &amp; cancel a dual wave / combo/ split wave bolus</li> <li>6. Suspend the pump &amp; resume pump</li> <li>7. Change wizard/Eazy carb/ ISF settings as required</li> <li>8. Calculate Insulin Sensitivity Factor.</li> </ol>	

<b>Name:</b>		<b>Chart No:</b>
	<p><b>Management of Hypoglycaemia and Hyperglycaemia in relation to insulin pump therapy</b> <i>Patient and/or Parent can outline:</i></p> <ol style="list-style-type: none"> <li>1. Causes of hypoglycaemia</li> <li>2. Signs and symptoms of hypoglycaemia</li> <li>3. Treatment of hypoglycaemia</li> <li>4. Causes of hyperglycaemia</li> <li>5. Treatment of Hyperglycaemia</li> <li>6. The importance of checking for ketones with high blood sugars</li> <li>7. Demonstrate an ability to check blood sugars and ketones</li> <li>8. Troubleshooting guidelines to prevent D.K.A</li> <li>9. Understand illness Management</li> </ol>	
	<p><b>General instructions</b> <i>Patient and/or Parent can outline:</i></p> <ol style="list-style-type: none"> <li>1. Situations requiring pump removal</li> <li>2. Exercise</li> <li>3. Travelling with the pump and cautions to be taken when travelling through time zones and security</li> <li>4. Carrying emergency supplies including insulin pens in the event of pump failure.</li> <li>5. List of relevant contact numbers</li> <li>6. Warranty / insuring the pump</li> <li>7. Importance of wearing ID</li> </ol>	

I have sufficient knowledge and skill to undertake this procedure independently. I acknowledge it is my responsibility to contact the diabetes nurse specialist if I require further assistance or am unsure of any aspect of the insulin pump therapy.

**Signature of Parent:** \_\_\_\_\_

**Date:**

**Signature of Diabetes Nurse Specialist:** \_\_\_\_\_

**Date:**

**Re:**

**Chart Number:**

**DOB:**

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