

Name: _____

Cabin: _____

Check in Form/TANDEM INSULIN PUMP Flowsheet

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|--|-----------------------------|
| Pump type: TANDEM T-SLIM Insulin name: _____ Active Insulin time: _____ hours | |
| Type of Infusion Set: _____ | CGM: yes/no CGM type: _____ |
| Last changed: _____ Last pump site change: _____ | |
| Closed loop system: Yes / No | |

SETTINGS

| <u>Time</u> | <u>Basal</u> | <u>Correct</u> | <u>Carb Ratio</u> | <u>Target BG</u> |
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GOAL for week: