SMARTGUARD™ AUTO MODE
TRAINING CHECKLIST
MINIMED™ 770G SYSTEM

Medtronic

Certified Product Trainer: _____

Initial PumpTraining Date: _____ **AM Training Date:**_____ **Overall time spent:** _____

Patient Name: _____

Pump S/N#: _____ **Completed Online Training Video(s)** ☐ Yes ☐ No

REMINDERS FOR SUCCESS HAVE BEEN REVIEWED:

☐ Regular fingerstick BGs and calibrations are needed; if BG result seems inaccurate, wash hands and re-check

☐ Give boluses before all meals and snacks; give correction boluses when the pump recommends

☐ Perform bedtime calibration and give correction bolus if needed to minimize nighttime alerts

☐ If SmartGuard™ Auto Mode exit occurs, the goal is to re-enter as soon as possible

☐ Regular CareLink™ Personal software uploads are needed

SmartGuard™ Auto Mode

☐ Introduction to SmartGuard™ Auto Mode compared to Manual Mode

CareLink™ Software – Manual Mode Evaluation

☐ Calibrations are entered appropriately   ☐ Carbs are being accurately quantified   ☐ Boluses given pre-meal/snack

☐ Post-meal BGs within target   ☐ Correction boluses achieving target   ☐ Basal/Bolus ratio evaluated

Actions taken if any of these not achieved: _____

_____

☐ CareLink™ Software report is not available

Ensure SmartGuard™ Auto Mode Readiness

☐ SmartGuard™ Auto Mode warm-up is complete   ☐ Carb Ratio and Active Insulin time entered

☐ A sensor is on and working   ☐ There is no active Temp Basal, Manual Suspend or Square/Dual Wave bolus

SmartGuard™ Auto Mode Start

☐ SmartGuard™ Auto Mode turned On   ☐ SmartGuard™ Auto Mode Readiness screen checked   ☐ BG has been entered

☐ SmartGuard™ Auto Mode BG alert is On   ☐ All settings entered as per the MiniMed™ 770G system initiation settings form

Additional topics

☐ SmartGuard™ Auto Mode Home screen/graphs   ☐ Safe Basal   ☐ SmartGuard™ Auto Mode exit reasons reviewed

☐ Calibration   ☐ Follow instructions on screen to resolve   ☐ Check SmartGuard™ Auto Mode Readiness screen for re-entry information

☐ Reviewed common alerts   ☐ Temp Target   ☐ Bolusing in SmartGuard™ Auto Mode

Resources

☐ Getting Started with MiniMed™ 770G SmartGuard™ Auto Mode   ☐ Follow-up touch points scheduled

SmartGuard™ Auto Mode has been activated: ☐ **Yes** ☐ **No**   If no, SmartGuard™ Auto Mode start scheduled for: _____

Training Notes:_____

_____

_____

_____

I certify that I received and understood the full and complete training mentioned above

Patient Signature:_____

Patient Name:_____

Follow-up Touch Point   **Date:**_____

Assessment topic and observations:

% sensor wear _____   % time in SmartGuard™ Auto mode_____   Carb Ratio: Time   Ratio

% time in range _____   % auto basal_____

☐ SmartGuard™ Auto Mode exits   ☐ Bolus timing   ☐ Correction boluses   _____   _____

☐ Temp Target   ☐ Overnight alerts   ☐ Active insulin time_____   _____   _____

☐ Manual Mode setting review

Action taken to address the observations above: _____

_____

_____

Follow-up Touch Point   **Date:**_____   **Active Insulin Time**_____

Assessment topic and observations:

% time in SmartGuard™ Auto Mode_____   % Sensor Wear:_____   Carb Ratio: Time   Ratio

☐ Glucose control when in Manual Mode ☐ Meal boluses   ☐ Correction boluses   _____   _____

☐ Night-time alerts   ☐ Activity/exercise   ☐ SmartGuard™ Auto Mode exits   _____   _____

_____   _____

Action taken to address the observations above: _____

_____

_____

Follow-up Touch Point   **Date:**_____   **Active Insulin Time**_____

Assessment topic and observations:

% time in SmartGuard™ Auto Mode_____   % Sensor Wear:_____   Carb Ratio: Time   Ratio

☐ Glucose control when in Manual Mode ☐ Meal boluses   ☐ Correction boluses   _____   _____

☐ Night-time alerts   ☐ Activity/exercise   ☐ SmartGuard™ Auto Mode exits   _____   _____

_____   _____

Action taken to address the observations above: _____

_____

_____

By signing below the patient acknowledges that they have received and understood the full and complete training mentioned above and consents to a copy of this document being forwarded to Medtronic for administrative and quality purposes only.

Patient Signature:_____   **Date:**_____

Trainer signature:_____   **Date:**_____

FAX COMPLETED FORM WITHIN 30 DAYS OF TRAINING TO 1-800-326-8322 or send scan/photo (in pdf format) to your specific Region's email address:
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