
Guidance for Discussing Type 1 Diabetes (T1D) with Non-Diabetes Specialists

Understand that you may need to educate your health care professional (HCP) about T1D, especially if they are not a specialist in this field. Diabetes care evolves quickly, and they may not be up to date with the latest goals, guidelines, or terminology.

Although the reason for your visit may be related to a non-diabetes issue, your diabetes may influence your care and treatment plan.

Addressing Your Type 1 Diabetes Diagnosis

At the beginning of the appointment, it's helpful to start by addressing your T1D diagnosis and providing a brief update on your care:

- “I have type 1 diabetes and am under the care of a diabetes specialist.”

Providing an Update on Your Diabetes Management

Regularly updating your HCP about your T1D management helps them understand your overall health, especially if there have been recent changes or updates. Some examples are below:

- “I am working with my endocrinologist and team on caring for my T1D according to the latest research and guidelines.”
- “The latest update on my T1D is I recently switched to an insulin pump and sensor. This has been helpful to manage my diabetes.”
- “I have had T1D for _____ years. My A1C recently increased but my diabetes care team and I are working together to improve my glucose levels.”
- “I have T1D, and I’m wondering if this health concern is related to it. Could you help me with a referral to diabetes care, or share any recommendations?”

Communicating About T1D and Advocating for Yourself with a Non-Diabetes HCP

I live with Type 1 Diabetes (T1D), an autoimmune condition that requires constant glucose monitoring and insulin management. Like many others, I sometimes experience stress, anxiety, or depression due to its ongoing demands.

Scenario	How you might respond
You're asked about your A1C	- "These are average values and may not reflect my day-to-day trends" - "This is something I discuss with my endocrinologist or diabetes care team"
You're asked what your current glucose is	You can share it from your CGM but try not to get hung up because this number is not indicative of how you care for your diabetes
The HCP continues asking about your diabetes	How to redirect: - "I'm here today for a concern I don't believe is diabetes-related. That said, if it does connect to my diabetes, I may follow up with my diabetes care team"
Discussing multi-specialist care	For example: "I am scheduled for surgery. If you would like to speak to my endocrinologist for pre and post op care needs, here is their information..."

Caregiver Quick Reference

My name is _____, I am _____ years old, and I live with type 1 diabetes (T1D). To best manage my T1D, I wear medical devices to monitor my glucose levels and administer insulin, often found on the back of my arm, legs, or abdomen. At times, these may beep, buzz, or vibrate, and I need my phone to always be near me to monitor my levels and give insulin when needed.

MEDICAL DEVICES I WEAR/USE AND WHAT THEY DO

1. Continuous Glucose Monitor (CGM)

- A small device worn on the body that monitors blood glucose levels throughout the day and night. It sends updates and **can alert you if blood glucose is too high or too low.**

2. Insulin Pump (delivers insulin):

- A small device worn on the body that **gives insulin through a tiny tube** or patch. It provides insulin all day and can give extra insulin when it's time to eat or when blood glucose is high.

3. Glucagon (emergency medication to quickly raise blood glucose):

A medicine used in an emergency to quickly raise blood glucose when it becomes dangerously low and the person cannot safely eat or drink or is unconscious. Caregivers should give glucagon and call 911 if instructed in the person's diabetes care plan.



LOW GLUCOSE

Symptoms: _____

Treatment:

If BG < _____ mg/dL → Give 10-15 g fast-acting carbs → wait 15 minutes → recheck

Low glucose is treated with oral glucose or an emergency glucagon product. Never give insulin specifically for a low blood glucose.

HIGH GLUCOSE

Symptoms: _____

Treatment:

If BG > _____ mg/dL for 2-3 hours after correction → check ketones → call emergency contact.

High glucose is treated with insulin.

CONTACTS

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

Diabetes Care Team: _____ Phone: _____

EMERGENCY LOW — GLUCAGON

If unresponsive, unconscious, or having a seizure, administer Glucagon immediately, do not give anything by mouth → call 911 → call emergency contact.

BAQSIMI (nasal spray rescue):



[Instructions for Use](#)

[Video Tutorial](#) (or scan QR code below)



1. Remove the Shrink Wrap by pulling on the red stripe.
2. Open the Lid and remove the Device from the Tube.
3. Caution: Do not press the Plunger until ready to give the dose.
4. Hold Device between fingers and thumb. Do not push Plunger yet.
5. Insert Tip gently into one nostril until finger(s) touch the outside of the nose.
6. Push Plunger firmly all the way in.
7. Dose is complete when the Green Line disappears.

Gvoke (injection)

GVOKE HypoPen® (autoinjector)



1. Pull Off Red Cap
 - Pull the red needle cap straight off the device
 - Important: Do not put your thumb, fingers, or hand on or near the needle guard or needle opening to help prevent accidental needle sticks.
2. Choose Injection Site and Expose Bare Skin
 - Choose the lower abdomen, outer thigh, or outer upper arm for your injection site
 - Remove any clothing covering the injection site
 - The injection must be performed straight into the skin.
 - Important: Do not inject through clothing.
3. Push and Hold to Start Injection
 - Push and hold GVOKE HypoPen® straight down against the injection site. Listen for a "Click".
 - Continue to hold the device down and count slowly to 5
 - When the injection is complete, the viewing window will be red
 - Important: Do not lift up GVOKE HypoPen® until the injection is complete.
4. Lift Away from Skin
 - Lift the device straight up from the injection site
 - The yellow needle guard will lock over the needle

GVOKE® PFS (Pre-filled Syringe)



1. Prepare for Injection
 - Follow the same injection site selection and skin exposure instructions as the GVOKE HypoPen®.
 - Remove the needle cap.
2. Inject the Medication
 - Pinch the skin and insert the needle at a 90° angle.
 - Push the plunger all the way down to inject the full dose.
3. Remove and Dispose
 - Remove the syringe from the skin.
 - Do not recap the needle. Dispose of the syringe in an approved sharps container.

GVOKE® Kit (vial and syringe)



1. Prepare the Medication
 - Remove the blue vial cap and syringe from the pouch.
 - Remove the needle cap, insert the needle into the vial, invert the vial, and draw up the prescribed dose (0.1 mL or 0.2 mL).
2. Inject
 - *Follow the same injection site selection and injection technique as the GVOKE® PFS (pinch skin, insert at 90°, and push the plunger completely).*
3. Dispose
 - Dispose of the syringe and vial in a sharps container. Do not recap the needle.

Zegalogue (injection)



Instructions for Use

Autoinjector instructions (page 6)

1. Remove the gray cap from needle end
 - Pull the gray cap straight off.
 - Do not put your hand or fingers anywhere near the yellow needle guard. Touching the yellow needle guard may cause an accidental needle stick injury
2. Push and hold down ZEGALOGUE® for 10 seconds and check window is red
 - Push ZEGALOGUE® straight down on skin until the yellow needle guard is fully pressed down. You may hear the first click.
 - Keep holding ZEGALOGUE® down and slowly count to 10 seconds.
 - During this time the medicine window will turn red and you may hear a second click.
 - Check that the medicine window is red, which means that the full dose has been given
3. Remove ZEGALOGUE® from injection site
 - Remove ZEGALOGUE® by lifting it straight up.
 - The yellow needle guard will cover the needle and lock, preventing an accidental needle stick injury

Prefilled syringe instructions (page 8)

1. Remove the gray needle cover
 - Pull the gray needle cover straight off. Be careful not to bend the needle.
2. Pinch the skin and insert the needle
 - Gently pinch the skin and insert the entire needle into the skin at a 45° angle.
3. Give the injection
 - After inserting the needle, release the pinched skin and slowly press the plunger rod all the way down until the syringe is empty and the plunger rod stops
4. Remove the needle
 - After the plunger rod stops and the injection is complete, carefully remove the needle from the injection site.

After Injection of Glucagon (BAQSIMI, Gvoke, or Zegalogue)

1. Call for emergency medical help right away, even if the person wakes up.
2. If the person is unconscious, turn them onto their side to prevent choking (they may vomit when they wake up).
3. When the person is awake and able to safely swallow, give a fast-acting source of sugar (such as fruit juice or a regular soft drink), followed by a long-acting source of sugar (such as crackers with cheese or peanut butter).
4. If the person does not respond within 15 minutes, give another dose of glucagon (if available) while waiting for emergency services.
5. Notify the person's clinician after a severe hypoglycemic event, as blood sugar may drop again.
6. Dispose of or replace the used glucagon product according to instructions so a new dose is available if needed.

Insulin Pump — Tandem Mobi System

Quick Tips to Give a Bolus

1. Must bolus using Phone. There is a quick bolus option if no phone, but please call parent/nurse if need to use quick bolus.
2. Open the Tandem Mobi app on the phone.
3. Click on bolus/drop on bottom of the screen.
4. Type in number of carbs to be eaten.
5. If BG is above target, it might ask if you want to make a correction; click YES.
6. If BG is low, it might ask if you want to lessen the insulin given; click YES/NO.
7. Click done, next, confirm, and deliver.



Resources:

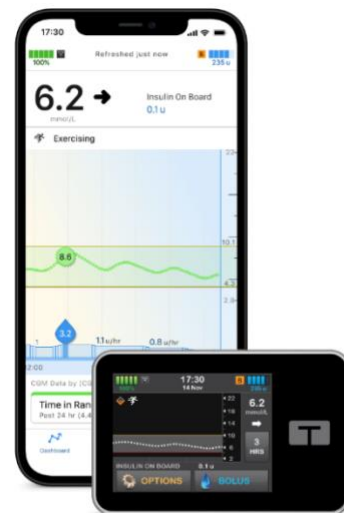
- [Tandem Mobi System Deliver a Bolus, Quick Reference Guide](#)
- [Tandem Mobi System Insulin Pump How-Tos](#)

Accessibility and Language Access: If you or your caregiver would prefer this guide in another language, the Google Translate app can translate the document by taking a photo. Videos with subtitles or translated captions may also make this information easier to understand. For important medical information or decisions, ask your healthcare team if professionally translated materials or an interpreter are available.

Insulin Pump — Tandem t:slim X2

Quick Tips to Give a Bolus

1. Must bolus using Phone. Tap BOLUS from the Home screen
2. If the blood glucose (BG) value is above target, tap the checkmark to add a Correction Bolus or the “X” to decline.
3. If it’s below target, but above 70 mg/dL, tap the checkmark to reduce the amount or the “X” to decline.
4. Tap 0 grams to enter the carbohydrate amount.
5. Tap the checkmark to save values.
6. Tap the checkmark to confirm request.
7. Tap the checkmark to deliver the bolus.
8. To cancel bolus, tap the “X” on the home screen and then the checkmark to confirm



Resources:

- [Tandem t:slim X2 Deliver a Bolus, Quick Reference Guide](#)
- [Tandem t:slim X2 Insulin Pump How-Tos](#)

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Insulin Pump — iLet Bionic Pancreas

Quick Tips to Give a Bolus

Meal Announcement

1. Tap the Meal Announcement icon at the bottom of the home screen.
2. Select the meal type you're announcing: "Breakfast", "Lunch", or "Dinner"
3. The carbohydrate amount defaults to "Usual for me", but you can change it by tapping on the option. This adjusts your dose based on carbohydrate intake
 - "Usual for me" is the usual amount of carbs you would eat for that meal type
 - "More" is around 50% more carbs than your "Usual for me" meal
 - "Less" is around half as many carbs as your "Usual for me" meal
 - NOTE: Applies to carbohydrates only (not fat/protein).
4. Once you select your Meal Type and Carb Amount, drag the "Deliver" slider to the right to complete the meal announcement. Notice a vibration to confirm delivery
5. You can cancel the delivery of insulin by dragging the "Cancel" slider to the left



Snacks

When to Announce: If the snack is small (<25% of a normal meal's carbs), you likely do not need to announce it.

How to Announce: Select the closest meal type (breakfast, lunch, dinner) and pick "less" if it's smaller than your typical meal, or "usual" if it's a larger snack.

Timing: Announce just before or within 30 minutes of eating.

Low-Carb Snacks: Do not announce snacks with little/no carbs (e.g., cheese).

Do Not Use for Correction: Do not use snack announcements to correct high blood glucose.

Resources:

- [iLet Bionic Pancreas System Quick Reference Guide](#)

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Insulin Pump — Medtronic MiniMed™ 780G system

Quick Tips to Give a Bolus

Bolus Wizard™

1. From the home screen, press the down arrow to access the Bolus Wizard™ feature.
2. Enter carbs
3. Deliver Bolus

SmartGuard™

Bolusing when using SmartGuard™ technology is the same. The only difference is you can't change the calculated bolus amount.



Resources:

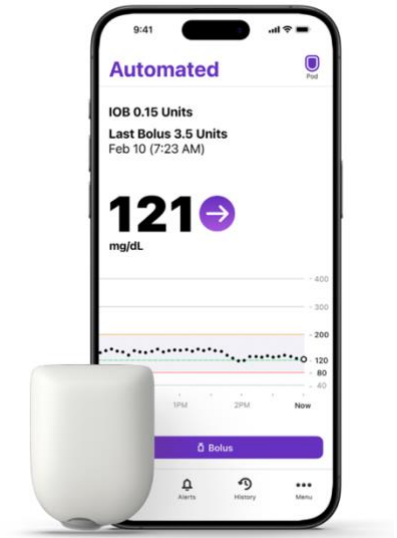
- [MiniMed 780G System Quickstart Guide](#)

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Insulin Pump — Omnipod 5

Quick Tips to Give a Bolus

1. Tap the Bolus button* on the home screen
 - Tap on the Carbs field to manually enter carbs
 - Tap USE CGM to use CGM value and trend or add blood glucose reading by tapping the Glucose field
 - Tap CONFIRM
2. Review entries are correct
 - Tap START to begin bolus insulin delivery
3. Home screen will display progress of bolus delivery



*Bolus button: purple insulin vial near bottom of home screen

Resources:

- [Omnipod® 5 Quick Start Guide](#)

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Insulin Pump — Twiist

Quick Tips to Give a Bolus

1. To enter a meal, tap the “plate” button on your home screen
2. Enter the number of carbohydrates in your meal
3. Choose an emoji* to match your food type
4. Tap Continue
5. Confirm the Information and tap Deliver Bolus



*Food Type emoji represents how fast your food may absorb.

 **Lollipop (Fast):** Used for quick-acting carbs, indicating rapid absorption and immediate insulin needs.

 **Taco (Medium):** Suggests a blend of carbs and protein/fat, signaling to the pump a moderate, sustained insulin delivery.

 **Pizza (Slow):** Represents high-fat, high-protein, and high-carb meals, which requires a more prolonged insulin delivery to manage the slower rise in glucose.

Tap the emoji that corresponds to the absorption time of your food. Absorption Time is determined by the emoji that is chosen. If 30 minutes (lollipop), 3 hours (taco/default), or 5 hours (pizza) does not match your food type, tap Absorption Time to customize it. Use the picker to select a time from 30 minutes to 8 hours, in 30-minute increments. This is just an estimate and does not need to be exact.

Resources:

- [Twiist® — How to Deliver Mealtime Insulin](#)

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