Government of South Australia
SA Health

CSII (INSULIN PUMP) INPATIENT RATE RECORD (MR-CIR)

Hospital/Site: QUIET CREEK

Affix patient identification label in this box

U.R. No: 12345
Surname: MATTHEWS
Given Name: Jenna
Second Given Name: Rose
D.O.B: 15/08/1999 Sex/Gender: F

Dr's Name: James ADAMS Signature: Adams
Date: 12/07/2021 Phone No: Ext 321

Name of Carer: —
(if parent/carer to manage insulin pump during admission)

Insulin Pump Model: Medtronic 670G Insulin Type: Novorapid® ~~/ Humalog®~~

Set Reservoir Change (every 3 days) Due: 15/07/2021

BG Monitoring: ~~Hourly~~ / Pre Meal / Bedtime / ~~2hours Post Meal~~ / Overnight
BK Monitoring: Daily and if BG greater than 15.0mmo/L

Date: 12/07/21	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Basal Rate																		1.20	1.20	1.10	1.10	1.10	1.10	1.10
Meal Bolus																		5.5						
Correction Bolus																		1.65						
BG																		13.0				10.3		
Carbohydrate																		55						
Activity																								
Ketones (BK)																		0.0						

Date: 13/07/21	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Basal Rate	0.65	0.65	0.65	0.65	0.60	0.60	0.80	0.80	0.80	0.60														
Meal Bolus								2.2																
Correction Bolus																								
BG		7.6						6.9																
Carbohydrate								22																
Activity																								
Ketones (BK)																								

The patient or parent/carer is responsible for completing this insulin pump inpatient record.
On discharge, this original record is to be added to the medical record and a photocopy provided to the client.

CSII (INSULIN PUMP) INPATIENT RATE RECORD MR-CIR

Patient Self-Management of Insulin Pump Consent Form

For your safety and optimal care to use your insulin pump while you are in hospital, we request that you agree to the following.

I/or my designated parent/carer will manage my insulin pump during this hospital stay. I understand that hospital stays and the stress of illness may cause unexpected changes in my blood glucose.

During my hospital stay, I agree to:

1. Take full care of my insulin pump, including starting and stopping the insulin and making any changes needed to keep it working correctly.
2. Use my insulin pump in the hospital knowing the potential risk of:
   - high blood glucose levels (Hyperglycaemia)
   - low blood glucose levels (Hypoglycaemia)
   - diabetic ketoacidosis (DKA)
   - infection.
3. Change the infusion set every 48 - 72 hours or as needed for:-
   - skin irritation
   - two blood glucose results greater than 15.0mmo/L in 4 hours.
4. Provide my own supplies (including my brand of rapid acting insulin if not available through the Hospital Pharmacy Formulary).
5. Record all of my insulin pump infusion rates (e.g. basal, meal related bolus doses and correctional bolus doses).
6. Have all my blood glucose levels checked regularly using the blood glucose meters and lancets, according to hospital policy. I understand I may use my own blood glucose meter if the accuracy of my glucose meter has been verified using the relevant policy and internal quality assurance glucose control testing samples.
7. I will inform the nurse and/or doctor immediately if:-
   - my blood glucose is low (less than 4.0mmol/L or I have 'hypo' symptoms)
   - I have a problem with my insulin pump
   - I have two blood glucose results greater than 15.0mmo/L in in 4 hours
   - I feel like I can no longer look after my insulin pump.
8. I understand that my insulin pump may need to be stopped and insulin may be given to me in a different way for any of the following:-
   - surgical or radiological procedure
   - changes in my conscious/mental state
   - any other reason stated by my doctor, nurse practitioner or credentialled diabetes educator.

If at any time I am unable to follow the above, I agree to have my pump discontinued and an alternative method of insulin administration used until I can safely self care.

The use of my insulin pump during my hospital stay has been explained to me and I have had the opportunity to ask questions. I understand the terms and at this time, I feel I am able to care for my insulin pump while in the hospital.

Date: 12/07/2021 Time: 1745 Patient/Parent/Carer Signature: Anna Matthews

Common Terms:

Basal Rate: maintains blood glucose when at rest (e.g. when not eating) and is responsible for 50 - 60% of the total daily dose of insulin.

Meal Bolus: used for main meals and in some instances, with snacks. The rate is based on the grams of carbohydrate eaten (e.g. 1 unit of insulin per 6.0 grams of carbohydrate).

Correction Bolus: the correction factor (insulin sensitivity) is programmed to correct hyperglycemia (e.g. 1 unit of insulin will lower the BG by 3.2mmol/L).

Blood Glucose (BG) Target (or range): The programed BG/BG range that the insulin pump will correct to.

Active Insulin Time (or Insulin on Board): identifies how much insulin remaining at the time of the next bolus. If insulin is remaining from the last bolus, this amount in units will be subtracted from the next correction bolus to avoid *insulin stacking* and the risk of hypoglycaemia.

Temporary basal rate: a temporary basal rate allows an immediate short-term change to the basal insulin for a specified period of time (e.g 30 minutes to 24 hours). The rate can be set at either units/hour or a percent (%) of the relevant basal rate/s (up to the maximum basal rate setting).

OFFICIAL: Sensitive//Medical in confidence