# Rural Support Service – Diabetes Service Continuous Subcutaneous Insulin Infusion (CSII) Training and Clinical Care Pathway

#### **Contemplation of CSII Review**

- review current diabetes management
- refer to Dietitian for assessment and assistance
- assess current techniques (e.g. BG / BK / CGM / Injection)
- introduce CSII (e.g. Insulin Pump Therapy) - indications
  - risk (e.g. Hypo / Hyper / DKA / Insulin Pump Failure)
- basic insulin pump features
- reservoir, infusion set and cannula
- Assess suitability, cost and education pathway
- Consider Private Health Insurance, NDSS, Insulin Pump Companies, JDRF, NDIS and Centrelink.

## **Pre Initiation of CSII**

- discuss basic insulin pump features / software

- BG and CGM target range/s
- insulin:carbohydrate ratio/s
- insulin sensitivity factor/s
- insulin action time
- infusion sets and cannula / site changes
- Hypo / Hyper / DKA / Insulin Pump Failure (e.g. Action Plans for prevention and treatment)
- physical activity and temporary rates
- demonstrate reservoir, priming of infusion set and cannula and application.
  - preparation (e.g. battery, settings, utilities)
    alarms / alerts / suspension / disconnection
- discuss ordering CSII consumables via NDSS
- obtain initial CSII settings
- obtain modifications to current insulin therapy the day prior and day of CSII Initiation
- arrange CSII Initiation appointment/admission.

## **Initiation of CSII**

- refer to specific insulin pump training checklist for insulin pump features
- program basal and advanced settings as directed
- insertion of reservoir and priming of infusion set and cannula.
- pump start up with BG / CGM and BK check and meal
- discuss issues / trouble shooting / alarms / alerts / suspension and disconnection
- discuss and link to CGM and smart phone
- discuss software reports and sharing data
- review Hypo / Hyper / DKA / Insulin Pump Failure (e.g. Action Plans for prevention treatment)
- identify Emergency contacts and when to present to Emergency Department.

The person and/or carer is to seek further information from their Endocrinologist, Special Physician, Paediatrician, Nurse Practitioner, Private Health Insurer, Insulin Pump Companies, JDRF, NDIS and Centrelink (where applicable).

If the person and/or carer choose not to proceed, or they do not have the capacity to use an insulin pump safely, the CDE is to document the outcome and respond to the referrer and inform the multi-disciplinary team.

## Variance to pathway

Early Learning or School Setting Transition to adult care Employment and travel Pregnancy (pre-conception & ante-natal) Infection and/or illness Acute diabetes complications Other medical conditions or co-morbidities Admission to hospital.

## **Post Initiation of CSII**

- as above, make contact on Day 1 and consider assistance to re-site cannula on Day 3.
- update Endocrinologist, Specialist Physician, Paediatrician or Nurse Practitioner.
- Follow up appointments: 2 weeks, 4 weeks, 6 weeks and 3 months

## **Annual Review**

- Cycle of care
- SNAP review
- Nutrition update (e.g. CHO identification and counting)
- Physical Activity update (e.g. planned or unplanned preparations)
- Insulin settings and self-adjustment
- BG and BK monitoring & targets
- CGM settings
- Hypoglycaemia Action Plan including driving
- Hyperglycaemia Action Plan
- Insulin Pump Failure Action Plan
- Early Learning / School Action Plan
- Foot care Assessment
- Pre-pregnancy counselling
- Other medical conditions or co-morbidities
- Technology updates.

