

REGIONAL LOCAL HEALTH NETWORKS

Work Instruction

Continuous Subcutaneous Insulin Infusion (CSII or insulin pump) for people with diabetes in the community setting

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Sponsor: Executive Director, RSS

Approved by: BHF LHN Safety and Quality Committee on: 28/11/2023

EFN LHN Universal Care Committee on: 02/11/2023

FUN LHN Operational Clinical Governance Committee on: 02/11/2023

LC LHN Safety, Quality and Clinical Effectiveness Committee on: 12/10/2023

RMC LHN Clinical Oversight Governance Committee on: 21/03/2024

Y&N LHN Drugs & Therapeutics Committee on: 08/05/2024

Next review due: 04/10/2026

Summary This work instruction aims to articulate the systems and processes of the regional LHN

Diabetes Service Continuous Subcutaneous Insulin Infusion (CSII or Insulin Pump)

Ambulatory Clinical Service.

Policy/procedure

reference

This work instruction supports the Nursing and Midwifery Board of Australia: Nurses Code

of Professional Conduct for Nurses in Australia (2016), Code of Ethics (2013) and Standards for Practice (2014), the SA Health Policy Directive: The Governance Framework for Advanced Scope of Practice (2013), and the CHSA Care Continuum

Foundation Policy (2011).

Keywords Clinical, work instruction, LHN, diabetes, continuous subcutaneous insulin infusion, CSII,

insulin pump.

Document history Is this a new LHN work instruction? Y

Does this work instruction amend or update an existing work instruction? N

Does this work instruction replace an existing document? Y

Regional LHN Clinical Support Guide (Clinical) Continuous Subcutaneous Insulin Infusion

(CSII) for patients with diabetes in the community setting.

Applies to This work instruction applies to all regional LHN Executive, Nursing Directors, Community

Health Managers, Credentialed Diabetes Educators, Diabetes Educators, Diabetes Link

Nurses and Rural Support Service Diabetes Service Staff.

Objective file No 2019-13020-A2106393

Version control and change history

Version	Date	Amendment	Amended by:
1.0	20/05/2020	Original version	Jane Giles, Advanced Nurse Consultant
2.0	26/06/2023	Change from Clinical Support Guide to Work Instruction template	Collette Hooper, Nurse Practitioner - Diabetes

1. Overview

The aim of the regional LHN Diabetes Service Continuous Subcutaneous Insulin Infusion (CSII or insulin pump) Service is to facilitate access to CSII for people with diabetes with complex diabetes education and management needs.

The service will be delivered face to face, via videoconferencing or audioconferencing, with supplement information via email and or telephone as needed. Any regional LHN site will have access. The service will be accessible, clinically appropriate and evidence based.

This work instruction aims to articulate the systems and processes by which the diabetes service will fulfil the objectives of the service.

2. Work Instruction Details

Referral

- 1.1.1 All referrals should be directed to the Country Referral Unit.
- 1.1.2 Referrals will primarily be received directly from endocrinologists, specialist physicians and/or paediatricians, allied health professionals, peoples with diabetes, their carers or from external agencies (e.g. government and non-government). Further information may be requested.
- 1.1.3 All people with diabetes referred for consideration of CSII or insulin pumps must be assessed by a multidisciplinary team either at the service site or in a shared care arrangement with regional and/or metropolitan diabetes services. This team is to include an:
 - Endocrinologist, Specialist Physician, Paediatrician or Nurse Practitioner
 - General Practitioner
 - Diabetes Specialist Nurse (e.g. credentialled diabetes educator (CDE) or diabetes educator (DE)) and
 - Dietitian.
- 1.1.4 Details of all people with diabetes commencing CSII and their progress is to be accessible to local regional LHN diabetes service staff.

Appointment, Bookings and Confirmation

- 1.1.5 The CDE will confirm the initial clinic appointment and access to the Fact Sheet 'Insulin pump therapy in type 1 diabetes'.
- 1.1.6 Consolidated Country Client Management Engine (CCCME) booking is recorded by CDE providing the service.

Assessment Appointment

- 1.1.7 The CDE will discuss the regional LHN Diabetes Service CSII Education and Training Pathway with the person and/or the carer to explain the Regional Service offered. The CDE will identify that several appointments for resource acquisition, training and ongoing support will be required.
 - Appendix 1: Regional LHN Diabetes Service CSII Training and Clinical Care Pathway
- 1.1.8 The CDE will conduct an assessment of diabetes self-management with the person and/or carer using the regional LHN <u>Diabetes Assessment and Education</u> Protocol, <u>Diabetes Assessment Form (MR-DAF)</u> or <u>Diabetes in Pregnancy Assessment Form (MR-DIP)</u>. This includes review of current diabetes management (e.g. multiple daily injections, blood glucose and blood ketone monitoring, continuous glucose monitoring (CGM)), assessment of current techniques (e.g. blood glucose, blood ketone and insulin administration) and access to a <u>Hypoglycaemia Action Plan</u> and <u>Hyperglycaemia Action Plan</u>.

Pathology (e.g. HbA1c) if required, will be requested by the CDE.

If the person and/or carer is identified as not having the knowledge and skills to manage CSII safely, the CDE must inform the referrer and multi-disciplinary team. The CDE is to document issues and outcomes in the individuals' medical record.

1.1.9 The CDE will identify the person and/or carers ability to identify carbohydrate and current use of insulin: carbohydrate ratio/s.

If the person and/or carer is identified as having limited insulin: carbohydrate ratio/s knowledge or skills, the CDE is to initiate referral to the local Dietitian for further assessment and assistance.

If the person and/or carer is identified as not having the knowledge and skills to manage insulin: carbohydrate ratio/s safely, the CDE must inform the referrer and multi-disciplinary team. The CDE is to document issues and outcomes in the individuals' medical record.

1.1.10 The CDE to discuss CSII technologies, advantages and indications, risks, insulin pump features, consumables (e.g. reservoir, infusion set and cannula), connectivity (e.g. smart phone, blood glucose meter and/or CGM system and software.

The person and/or their carer are to be provided with a CSII information package. This package is prepared locally by the CDE and includes information pertaining to insulin pumps and insulin pump related consumables currently available in Australia.

Further information can be sourced from:

- <u>AMSL Diabetes</u> with t:slim X2[™] Insulin Pump with Control-IQ[™] Technology or t:slim X2 insulin pump with Basal-IQ[™] Technology
- Omnipod Australia with Omnipod DASH® System
- Medtronic Australasia with MiniMed 780G™ with SmartGuard Technology
- Ypsomed Australia with mylife YpsoPump.
- 1.1.11 The CDE will inform the person and/or carer of the financial cost of CSII including initial set up costs and ongoing subsidised costs of consumables via the National Diabetes Services Scheme

The person and/or carer is to seek further information from their Private Health Insurer, the Insulin Pump Companies (Loan Insulin Pumps may be available), the Juvenile Diabetes Research Foundation (JDRF) Insulin Pump Program Insulin Pump Program (if under 21 years of age), the National Disability Insurance Scheme (NDIS) and Centrelink regarding the Essential Medical Equipment Payment.

1.1.12 If the person and/or carer is considered suitable to safely self-manage CSII, then they must be given time to consider the information provided. The person and/or carer is to be encouraged to inform the CDE whether they would like to continue with the process.

If the person and/or carer choose not to proceed, the CDE is to document the decision and reasoning in the individual's medical record, respond to the referrer and inform the multi-disciplinary team.

If the person and/or carer chooses to proceed to commence CSII, he/she will be encouraged to provide the CDE with:

- Insulin Pump Manufacturer and Model
- Private Health Insurance and/or JDRF and/or NDIS details
- Smart Phone details
- · CGM system details.

The CDE will arrange the education and training appointments with the CDE (+/- Dietitian follow up).

Education and Training Appointment/s

1.1.13 The CDE (+/- Dietitian) will provide further education and training in relation to diabetes self-management and training on CSII in accordance to the regional LHN CSII Education and Training Pathway.

Further information is available from the Metropolitan LHN CSII Services. The Women's and Children's Health Network offer a comprehensive booklet for children, young people and their carers titled Getting Started on an Insulin Pump

Insulin Pump training modules are recommended for the person and/or carer to complete and can be sourced from:

- AMSL Diabetes and the t:slim X2 Training Modules
- Omnipod Australia and the Omnipod Training Videos
- Medtronic Australasia and the Medtronic 780G Learning Modules
- Ypsomed Australia

Training provided is to be documented by the CDE in the individual's medical record. If issues are identified that impact on the person's diabetes self-management or ability to manage CSII safely, the CDE must inform the referrer and inform the multi-disciplinary team. Outcomes of such discussions are to be included in the medical record.

The person and/or carer will continue appointments with the CDE (+/- Dietitian) until assessed as safe to commence CSII.

Ordering of Insulin Pump and NDSS Consumables

1.1.14 The person and/or carer will decide on the manufacturer and model of insulin pump.

Forms required in preparation of commencement of CSII are to be completed by the person and/or carer, CDE and/or Endocrinologist:

Private Health Insurance Verification

The person and/or carer must confirm their eligibility for insulin pump benefits with their Private Health Insurer and meet any requirements set (e.g. 12 month qualifying period) before they can claim a rebate on the cost of an insulin pump.

The Private Health Insurer may require a specific insulin pump order form to be completed. The person and/or carer needs to request this form from their Private Health Insurer.

The CDE may provide the 'Letter of Clinical Need' (if required by the Private Health Insurer) or request it from the person's Endocrinologist, Specialist Physician, Paediatrician or Nurse Practitioner.

Appendix 2: Private Health Insurance Verification for CSII Initiation Letter - Example

Insulin Pump Order Forms

Ordering the insulin pump is the responsibility of the person and/or carer, insulin pump company representative, Private Health Insurer (if applicable) and CDE. The CDE is not responsible for the purchase of the insulin pump or any related consumables.

The CDE will offer advice and assist the person or carer to complete the relevant Insulin Pump Order Form:

- AMSL Tandem[™] Insulin Pump Order Form
- JDRF Insulin Pump Program Expression of Interest Form
- Omnipod <u>Order Form</u>
- Medtronic MiniMedTM 780G Insulin Pump Order Form
- Medtronic Bridging the Gap Program Order Form
- Ypsomed Australia.

National Diabetes Services Scheme (NDSS) Forms

The NDSS scheme provides subsidised insulin pump consumables. The CDE is not responsible for the purchase of insulin pump related consumables but will offer advice, certify the person and/or carers details.

The CDE will assist to the person or carer to register or update their registration details via the <u>NDSS</u>
<u>Health Professional Portal</u> or downloading the:

- NDSS registration form
- · Personal details update form
- Insulin pump consumable access form
- · Insulin pump consumables order form.

The CDE is to inform the person and/or carer that the subsidised insulin pump consumables may not be routinely available at all NDSS community pharmacies and that 'ordering in' may be required.

National Disability Insurance Scheme (NDIS)

The NDIS fund diabetes supports that are related to the person's disability. An insulin pump is identified as by NDIS as <u>Assistive Technology</u>.

The CDE is to inform the person and/or carer that evidence is required to meet the NDSS Funding Criteria.

A General Assistive Technology <u>Assessment Form</u> is required and must be completed by an NDIS Assistive Technology Assessor.

Centrelink Essential Medical Equipment Payment Form

The <u>Essential Medical Equipment Payment</u> is aimed cover the additional running costs for essential medical equipment. This payment is in addition to any existing state and territory government schemes and is paid annually as one tax free lump sum. It is not subject to an income or asset test and the person and/or carer can claim this payment online by logging into their Centrelink account.

The Essential Medical Equipment Medical Confirmation (SA449) Form is to be completed by the Endocrinologist, Specialist Physician or Paediatrician.

Planning for CSII Initiation

- 1.1.15 The CDE to liaise with Endocrinologist, Special Physician, Paediatrician or Nurse Practitioner in relation to;
 - appointment date and time for initiation of insulin pump
 - subcutaneous insulin dose/s for the evening before and morning of insulin pump commencement
 - initial CSII settings (e.g. basal setting/s, glucose target range, insulin:carbohydrate ratio/s, insulin sensitivity factor/s and insulin action time)
 - · insulin titration plan post initiation of insulin pump, and
 - follow up appointments planned with the CDE, Dietitian, Endocrinologist, Specialist Physician, Paediatrician and/or Nurse Practitioner.

Initiation settings are to be documented on the regional LHN <u>Continuous Subcutaneous Insulin Infusion</u> (CSII) in people with diabetes in the inpatient setting Protocol and <u>CSII Outpatient Rate Record (MR-COR)</u>

The CDE to advise the person and/or carer to bring with them on the day of CSII Initiation:

- Rapid acting insulin prescribed (e.g. insulin aspart 100unit/mL Novorapid[®])
- Reservoirs x 1 box
- Infusion sets x 1 box
- Skin preparation (e.g. Alcohol wipe)
- Blood Glucose and Blood Ketone Meter and Test Strips

- Hypoglycaemia Kit
- Lunch and carbohydrate free snacks
- School contact details (if applicable)
- Personal diary to assist in planning future appointments.

Day of CSII Initiation

1.1.16 The CDE will facilitate the initiation and ensure that the medical record includes accurate documentation of the appointment including education and training provided and procedures implemented (e.g. preparation of reservoir and infusion set, preparation of site, insertion and priming of cannula, time of CSII commencement).

The CDE will complete the specific Insulin Pump Training Checklist with the person and/or carer and retain a copy in the medical records:

- AMSL t:slim X2 Insulin Pump Training Checklist.pdf
- Omnipod Training Checklist
- Medtronic MiniMed 780G Technical Training Checklist Pump Only
- Medtronic MiniMed 780G Technical Training Checklist CGM Manual Mode
- Medtronic MiniMed 780G Technical Training Checklist SmartGuard
- Ypsomed Australia.

The CDE will encourage and/or assist the person and/or carer to install the specific insulin pump software and link to the CDE Professional Account and/or that of the Endocrinologist, Specialist Physician, Paediatrician or Nurse Practitioner.

The Dietitian will review the person and/or carer on the same day if required.

The CDE is responsible for ensuring the person and/or carer is confident and comfortable to continue CSII use. The person and/or carer must be able to demonstrate competence in all CSII practical skills and articulate the emergency backup plan and emergency contact details (e.g. Endocrinologist, Specialist Physician, Paediatrician and/or Nurse Practitioner, Emergency Department and Insulin Pump Technical Support).

The CDE will develop a Insulin Pump Failure Action Plan.

The CDE will provide a letter to the referrer following the appointment and include a copy of the Insulin Pump Training Checklist and follow up plan. The CDE will provide a copy of this correspondence to the General Practitioner.

If the person and/or carer is identified as not having the diabetes self-management skills or they are unable to manage CSII safely on the day of CSII initiation, the CDE must inform the referrer. The CDE is to also to document the outcomes of the discussion with the Endocrinologist, Specialist Physician, Paediatrician and/or Nurse Practitioner in the medical record.

Follow Up Appointments

1.1.17 In most cases (unless otherwise indicated by the referrer), the CDE will request that the person and/or carer make contact via telephone the following day to review initial management and trouble shoot any concerns/queries. The CDE will make contact with the person and/or carer in the event they do not.

During the first week, the person and/or carer is expected to:

- Monitor blood glucose (e.g. before and 2 hours after main meals, before bed and if concerned of hypoglycaemia) and/or maintain CGM.
- Enter all glucose test results and carbohydrates consumed into the insulin pump.
- Upload the insulin pump (if required) to provide a daily report (or as requested) by the Endocrinologist, Specialist Physician, Paediatrician or Nurse Practitioner.

The CDE may also offer an appointment on Day 3 post CSII initiation to assist with the first CSII infusion and cannula change.

Review appointments with the CDE (+/- Dietitian) should be made at 2 week, 4 weeks, 6 weeks and 3 months to trouble shoot any concerns/queries, review diabetes management, assist with titration and update previous Hypoglycaemia and Hyperglycaemia Action Plans including Early Childhood and School Insulin Pump Action Plans.

Insulin titration guidelines for safe self-management are to be documented on the regional LHN <u>Continuous Subcutaneous Insulin Infusion (CSII)</u> Protocol (clinical) and <u>CSII Outpatient Rate Record (MR-COR)</u>

Further information is available from the Metropolitan LHN CSII Services. The <u>WCHN Endocrine and Diabetes Department</u> offer number of resources for children, young people and their carers.

Review appointments with the Endocrinologist, Specialist Physician, Paediatrician or Nurse Practitioner as required.

The person and/or carer should be encouraged to generate a CSII report if concerned and prior to review with a member of the multidisciplinary team. These CSII reports can be emailed as a pdf prior to the appointment or printed and brought with them.

There may be some circumstances where the CDE may wish to request or generate a report to assist with his/her assessment and rapid access service delivery.

CSII Upgrade

1.1.18 People and/or carers have the option of upgrading their insulin pump at the end of the warranty period. This is commonly four or five years.

Each Private Health Insurer has specific criteria to qualify for an insulin pump upgrade. It is the responsibility of the person and/or carer to check with their Private Health Insurer with regards to upgrading to a new insulin pump. To ensure the person and/or carer does not experience any out of pocket expenses, the CDE will recommend that they check the warranty period and the level of cover.

The process for upgrading CSII is as described in the previous sections titled 'Referral, Appointment, Bookings and Confirmation, Assessment Appointment, Ordering of Insulin Pump and NDSS Consumables and Planning for Insulin Pump Initiation'.

In general, education and training appointments and follow up appointments for CSII Upgrades will be less time consuming for the person and/or carer. However, a CSII upgrade is an opportunity to revisit best practice and enhance self-management principles.

If the person and/or carer is to claim the cost of the new insulin pump through their Private Health Insurer, a 'Letter of Clinical Need' is required. The CDE may provide the 'Letter of Clinical Need' (if required by the Private Health Insurer) or request it from the person's Endocrinologist, Specialist Physician, Paediatrician or Nurse Practitioner.

Appendix 3: Private Health Insurance Verification for CSII Upgrade Letter – Example

3. Evaluation criteria

Compliance with this protocol will be monitored by RSS Diabetes Service via the following mechanisms:

- bi-annual review of this protocol
- regular review of feedback from service sites.

4. Staff orientation and training

Staff training is recommended at orientation and at increments to maintain competency.

A CSII Protocol Moodle presentation is available at

https://www.saheducation.com/moodle/course/view.php?id=502

5. Patient education support

Further information and online training modules are available via:

Insulin Pump training modules are recommended for the person and/or carer to complete and can be sourced from:

- AMSL Diabetes
- AMSL Technical Support Free Call: 1300 851 056
- t:slim X2 Training Modules
- Omnipod Australia
- Ominpod Technical Support Free Call: 1800 954 074
- Omnipod Training Videos
- Medtronic Australasia
- Medtronic Technical Support Free Call: 1800 668 670
- Medtronic 780G Learning Modules
- Ypsomed Australia
- YpsoMed Technical Support Free Call: 1800 447 042

6. Linked documents

Diabetes Assessment and Education - Protocol

<u>Diabetes Assessment Form (MR-DAF)</u> (order via the SA Distribution Centre)

Diabetes in Pregnancy Assessment Form (MR-DIP) (order via the SA Distribution Centre)

Hypoglycaemia Action Plan - Consumer Fact Sheet

Hyperglycaemia Action Plan - Consumer Fact Sheet

Continuous Subcutaneous Insulin Infusion (CSII) in people with diabetes in the inpatient setting - Protocol

CSII Outpatient Rate Record (MR-COR)

Insulin Pump Failure Action Plan - Consumer Fact Sheet

7. References

Nursing and Midwifery Board of Australia: Nurses Code of Professional Conduct for Nurses in Australia (2016)

Nursing and Midwifery Board of Australia: Code of Ethics (2013)

Craig M, Twigg S, Donaghue K, Cheung N, Cameron F, Conn J, Jenkins A, and Silink M, 2011, <u>National evidence-based clinical care guidelines for type 1 diabetes in children, adolescents and adults, adolescents adolescents adolescents adolescents and adults, adolescents a</u>

Australian Institute of Health and Welfare 2012. <u>Insulin pump use in Australia</u>, Diabetes Series no.18. cat. no. CVD 58. Canberra, Australian Institute of Health and Welfare.

8. Accreditation standards

National Safety and Quality Health Service Standards (2nd edition)





X



2.Partnering with Consumers



3.Preventing and Controlling Healthcare Associated Infections



4. Medication Safety

X



5. Comprehensive Care

X



6. Communicating for Safety



7. Blood Management



8. Recognising and Responding to Acute Deterioration



Aged Care Quality Standards (includes home care clients)



1. Consumer Dignity & Choice

 \times



2. Assessment & Planning



3. Personal Care & Clinical Care



4. Services & Supports for Daily Living



5. Service Envorinment



Feedback Complaints



7. Human Resources



8. Organisational Governance



National Disability Insurance Scheme (NDIS) Practice Standards

	Core n	nodule	Supplementary modules			
Rights of participants and Responsibilities of providers	2.Governance and Operational Management	Provision of Supports (to participants)	Provision of Supports (environment)	5. High Intensity Daily Personal Activities Module	6. Implementing Behaviour Support Plans	7. Early Childhood Supports Module
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9. Consultation

Version	Consultation	
1.0	SA Health Metropolitan Diabetes Services, Nurse Practitioner-Diabetes – Mt Gambier, Diabetes Specialist Nurse Network, CHSALHN Director of Endocrinology.	
2.0	SA Health Metropolitan Diabetes Services, Nurse Practitioner-Diabetes – Mt Gambier, Diabetes Specialist Nurse Network,	

Appendix 1

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.

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.

Pre Initiation of CSII

- discuss basic insulin pump features / software BG and CGM target range/s
- insulin:carbobydrate 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.

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.

Initiation of CSII

- refer to specific insulin pump training checklist for insulin pump features
- program basal and advanced settings as
- insertion of reservoir and priming of infusion set and cannula
- pump start up with BG / CGM and BK check
- 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.

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.



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May 2023

Appendix 2



Call us on: 1800 944 912



Diabetes Service
_____Regional Local Health Netv

Street Address SUBURB SA Postcodo

SUBURB SA Postcode

Tel 08 **** Fax 08 **** **** ABN 96 157 660 816

22 May 2023

Customer Service Private Health Insurer PO Box / Street Address SUBURB STATE Postcode

Dear Private Health Insurer Customer Service

Re: Continuous Subcutaneous Insulin Infusion (CSII) - Commencement

I am writing to advise that Mr/Mra/Ms Name SURNAME has type 1 diabetes mellitus and requires an insulin pump to achieve target glycaemia. Mr/Mcs/Ms Name SURNAME identifiable details are:

Date of Birth: Day / Month / Year

Residential Address: PO Box / Street Address, SURBURB \$A Postcode

Private Health Insurer Membership: ***

Regional Local Health Network Medical Record Number: *****

It is medically necessary that \(\mathbb{M}_1 \) \(\mathbb{M}_2 \) \(\mathbb{M}_3 \) \(\mathbb{M}_2 \) \(\mathbb{M}_3 \) \(\mathbb{M}_3 \) \(\mathbb{M}_3 \) \(\mathbb{M}_4 \) \

This Insulin Pump Brand / Model has features which improve usability and user burden. The improvements in technology which enable optimal diabetes control include:

- Upgradeable for future software updates and connectivity

 Data transfer to the Mobile App and connectivity to the compatible blood glucose meter / smart phone for automatic data uploads
- Micro correction bolus administration to calculate insulin adjustments and corrections to improve
- Predicts and suspends insulin to help prevent low glucose and
 Multiple <u>Personalised</u> Basal Patterns Preset Temporary Basal Rates.

Importantly, in helping MolMcs/Ms Name SURNAME achieve near normal glucose control, this insulin pump will assist in minimising fluctuating blood glucose levels and dangerous hypoglycaemic episodes and therefore the long-term complications associated with diabetes that may require costly treatment in the

It is my opinion and that of his General Practitioner Dr Name SURNAME, Name Medical Clinic and Diabetes Specialist Nurse Name SURNAME, that MoMosiMs Name SURNAME does not require hospital admission. Diabetes Nurse Specialist and I plan to initiate this insulin pump start on an ambulatory care basis on the DATE at 00:00am/pm.

I look forward to confirmation of your assistance in this matter in writing ASAP.

Yours Sincerely

Professor / Dr Name SURNAME Endocrinologist / Specialist Physician / Paediatrician / Nurse Practitioner _ Hospital and Health Service PO Box / Street Address Suburb SA Postcode

General Practitioner: Dr Name SURNAME, Name Medical Clinic PO Box / Street Address, SURBURB SA

Diabetes Specialist Nurse Name SURNAME, Name regional LHN site PO Box / Street Address, SURBURB SA Postcode.



Appendix 3



Call us on: 1800 944 912



Diabetes Service
Regional Local Health Network

Street Address SUBURB SA Postcode

PO Box, SUBURB SA Postcode

Tel 08 **** ****
Fax 08 **** ****
ABN 96 157 650 816

www.Health.DiabetecService/Dca.gov.au

22 May 2023

Customer Service Private Health Insurer PO Box / Street Address SUBURB STATE Postcode

Dear Private Health Insurer Customer Service

Re: Continuous Subcutaneous Insulin Infusion (CSII) – Upgrade

I am writing to advise that Mr/Mrs/Ms Name SURNAME has type 1 diabetes mellitus and requires an insulin pump to achieve target glycaemia. Mr/Mrs/Ms Name SURNAME identifiable details are:

Mr/Mrs/Ms Name SURNAME current insulin pump is out of warranty and it is medically necessary he/she have access to a hybrid insulin pump. Mr/Mrs/Ms Name SURNAME has chosen to upgrade to the Insulin Pump Brand / Model (Rebate Code 00000).

This Insulin Pump Brand / Model has features which improve usability and user burden. The improvements in technology which enable optimal diabetes control include:

- Upgradeable for future software updates and connectivity
- Data transfer to the Mobile App and connectivity to the compatible blood glucose meter / smart phone for automatic data uploads
- Micro correction bolus administration to calculate insulin adjustments and corrections to improve
- · Predicts and suspends insulin to help prevent low glucose and
- Multiple Personalised Basal Patterns Preset Temporary Basal Rates.

Importantly, in helping Mn/Mrs/Ms Name SURNAME achieve near normal glucose control, this insulin pump will assist in minimising fluctuating blood glucose levels and dangerous hypoglycaemic episodes and therefore the long-term complications associated with diabetes that may require costly treatment in the future.

It is my opinion and that of his General Practitioner Dr Name SURNAME, Name Medical Clinic and Diabetes Specialist Nurse Name SURNAME, that Mr/Mrs/Ms Name SURNAME does not require hospital admission. Diabetes Nurse Specialist and I plan to initiate this insulin pump start on an ambulatory care basis on the DATE at 00:00am/pm.

I look forward to confirmation of your assistance in this matter in writing ASAP.

Yours Sincerely

Professor / Dr Name SURNAME Endocrinologist / Specialist Physician / Paediatrician / Nurse Practitioner Hospital and Health Service PO Box / Street Address Suburb SA Postcode

Copies to

General Practitioner: Dr Name SURNAME, Name Medical Clinic PO Box / Street Address, SURBURB SA Postcode.

Diabetes Specialist Nurse Name SURNAME, Name regional LHN site PO Box / Street Address, SURBURB SA Postcode.

