

Insulin Pump Failure - Action Plan

Emergency contact details Ambulance: 000 Hospital: _____ Ph: _____ Doctor: _____ Ph: _____ Diabetes Specialist Nurse: _____ Ph: _____ Family / Carer: _____ Ph: _____ 24hr Healthdirect - Ph: 1800 022 222		My contact details U.R. No: _____ Surname: _____ Given Name: _____ DOB: _____ Sex/Gender: _____	
Insulin pump failure is to be assumed until proven otherwise		Action must be taken if you have: <ul style="list-style-type: none"> • high glucose (e.g. glucose greater than 15.0mmol/L) • high ketones (e.g. blood ketone greater than 0.6mmol/L) • nausea and/or vomiting. 	
A rescue injection of rapid acting insulin <i>Given using an insulin syringe or pen.</i>		The rescue rapid acting insulin dose is based on your total daily insulin dose of ____ units, your glucose level and your blood ketone level.	
Blood or Sensor Glucose		Blood Ketones	Rapid acting insulin rescue dose
greater than 15.0mmol/L		less than 0.6mmol/L	____ units 5% of your total daily dose
greater than 15.0mmol/L		less than 0.6 – 1.5mmol/L	____ units 10% of your total daily dose
greater than 15.0mmol/L		Greater than 1.5mmol/L	____ units 20% of your total daily dose
Troubleshoot to confirm failure of your insulin pump		Check if: <ul style="list-style-type: none"> • the battery needs replacing or the insulin pump needs charging • there is adequate insulin in the reservoir • the infusion set or cannula is kinked, damaged or dislodged. 	
Change your infusion set and cannula		Monitor glucose and blood ketones 1-2 hourly until glucose and ketone targets are reached.	
Replacement insulin pump <i>Contact the technical 24hour helpline to report your fault and arrange a replacement.</i>		Long acting insulin and rapid acting insulin will be required via basal bolus multiple daily injections.	
Insulin Requirements		Basal	
Basal / long acting insulin Trade name: _____ Generic name: _____ <i>Long acting insulin concentration:</i> 100unit per mL (regular insulin) 300unit per mL (high strength insulin)		Device: _____ disposable / non disposal. Initial dose: _____ units at ____ hours (am) _____ units at ____ hours (pm)	

Insulin Requirements	Bolus
<p>Bolus / meal related insulin</p> <p>Trade name: _____</p> <p>Generic name: _____</p> <p><i>Rapid acting insulin concentration:</i> 100unit per mL (regular insulin)</p>	<p>Device: _____ disposable / non disposal.</p> <p>Insulin:carbohydrate ratio (ICR): _____ unit per _____ grams.</p> <p>OR</p> <p>Initial dose: _____ units at breakfast _____ units at lunch _____ units at dinner.</p>
<p>Correction / supplemental insulin</p> <p>Trade name: _____</p> <p>Generic name: _____</p> <p><i>Rapid acting insulin concentration:</i> 100unit per mL (regular insulin)</p>	<p>Device: _____ disposable / non disposal.</p> <p>Insulin sensitivity factor (ISF): _____ unit lowers glucose by _____ mmol/L.</p> <p>Active insulin time (AIT): _____ hours.</p>
<p>When to contact doctor or diabetes specialist nurse</p>	<p>Make contact early for help – this may prevent you from getting worse and needing emergency care.</p>
<p>When to visit your nearest hospital</p>	<ul style="list-style-type: none"> • Glucose greater than 15.0mmol/L despite 2 correction / supplemental insulin doses. • Glucose remains less than 4.0mmol/L despite 2 hypo treatments. • Blood ketones greater than 0.6mmol/L. • Symptoms of drowsiness, confusion, breathing difficulties or severe abdominal pain. • Vomiting persists for more than 4 hours. • Unable to self-care and support person unable to assist.
<p>Date: __ / __ / ____</p>	<p>Diabetes Specialist Nurse: _____</p> <p>Signature: _____</p>

Based on ADEA 2020 Clinical guiding principles for sick day management of adults with type 1 and type 2 diabetes.

Rural Support Service - Diabetes Service

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