

Form Title **In Hospital Orders for Self Management of Insulin Pump**

Form Number **frm-20102**

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Affix patient label within this box

In Hospital Orders for Self Management of Insulin Pump

Use this order set only if the most responsible health practitioner has determined that patient meets criteria **and**, Patient (Guardian if under age 18) agrees to the self management of insulin pump in hospital responsibilities

1. Discontinue all previous insulin orders
2. Orders marked with are active by default, unless crossed out and initialed by prescriber. Boxed orders () require prescriber check mark () to be initiated

- Patient/Guardian has read and accepted the terms of the Patient Agreement to Self-Manage Insulin Pump In-Hospital (Form 20369)
- Patient/Guardian to sign the Patient Agreement to Self-Manage Insulin Pump In-Hospital (Form 20369). Completed form to be placed on chart.
- Patient (Guardian/Caregiver if under age 18) to complete Insulin Pump Information Sheet (Form 20114)
- Patient (Guardian/Caregiver if under age 18) to complete Insulin Pump Therapy Bedside Logbook daily (Form 20189)
- Nurse to review and sign Insulin Pump Therapy Bedside Logbook (Form 20189) at the end of each shift. Completed form to be placed into chart daily at 0700h
- Do not stop or suspend the insulin pump unless physician provides alternative regime of insulin. **(If pump stopped, basal insulin must be replaced within 2 hours to prevent Diabetic Ketoacidosis (DKA))**

Bedside Blood Glucose Monitoring (use hospital meter)

- Before meals and bedtime
- 2 hours after site change
- 0300 hours
- Every _____ hours
- Other (specify) _____

Insulin Type (Choose One, for use in pump)

- lispro (HumaLOG®) aspart (Novorapid®) Other (specify) _____

Hyperglycemia

- If blood glucose is over 14 mmol/L, check ketones. If positive for ketones, patient to self administer correction insulin by syringe OR pen AND change infusion set. Nurse to notify most responsible health practitioner.

Hypoglycemia

- Do not** remove or stop Insulin Pump Therapy without Physician Order
- Treat according to Hypoglycemia protocol

Other Orders

- Patient to change site every _____ day(s) (usually every 2-3 days), starting Date (yyyy-Mon-dd) _____

Pump Settings (Patient to manage pump according their specified settings)

- Refer to Insulin Pump Information Sheet (Form 20114) and Insulin Pump Therapy Bedside Logbook daily (Form 20189)

Physician Name (print)	Physician Signature	Date (yyyy-Mon-dd)	Time (hh:mm)
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Criteria for Self-Management of Insulin Pump

Patient is able to self-manage if all of the following criteria are met:

(Attending MD responsibility to assess)

- 1) Mentally
 - a) Alert and oriented x 3
- 2) Physically
 - a) Has no physical/dexterity limitations
 - b) Alternatively, if patient unable to self-manage, a non-health system caregiver (i.e. family member/guardian) is available to provide support/assistance to manage insulin pump 24 hours/day
- 3) Medically stable
- 4) No identified reasons for ***pump discontinuation****

****Criteria for pump discontinuation:***

- 1) Cognitive or psychological limitations
 - a) Altered, deteriorating or fluctuating changes to state of consciousness and/or cognitive status, including use of medications that may interfere with cognition or may be sedating (e.g. narcotics)
 - b) Psychiatric illness that interferes with the patient's ability to self-manage (at risk of self-harm/suicide)
- 2) Medical conditions:
 - a) **DKA, or persistent unexplained hyperglycemia**
 - b) Persistent/recurrent severe hypoglycemia
 - c) Critically ill (sepsis, trauma) and needs intensive care
 - d) Other inter-current illnesses where use of the insulin pump is risky or non-effective, as determined by the medical staff
- 3) Pump functionality or performance limitations:
 - a) Pump not functioning
 - i. Hyperglycemia fails to respond to appropriate action (bolus insulin)
 - b) Insufficient pump supplies (hospital will not provide)
 - c) Physical limitations to using the insulin pump
- 4) Refusal or unwillingness to participate in self-care or to agree to self-management terms
- 5) Non-health system guardian or caregiver support/assistance (for patients under 18), required to manage insulin pump, is **not available 24 hours/day**