

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

Form Number **20102**

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Last Name (<i>Legal</i>)		First Name (<i>Legal</i>)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(<i>dd-Mon-yyyy</i>)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

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

<input checked="" type="checkbox"/> Patient/Guardian has read and accepted the terms of the Patient Agreement to Self-Manage Insulin Pump In-Hospital (<i>Form 20369</i>)			
<input checked="" type="checkbox"/> Patient/Guardian to sign the Patient Agreement to Self-Manage Insulin Pump In-Hospital (<i>Form 20369</i>). Completed form to be placed on chart.			
<input checked="" type="checkbox"/> Patient (Guardian/Caregiver if under age 18) to complete Insulin Pump Information Sheet (<i>Form 20114</i>)			
<input checked="" type="checkbox"/> Patient (Guardian/Caregiver if under age 18) to complete Insulin Pump Therapy Bedside Logbook daily (<i>Form 20189</i>)			
<input checked="" type="checkbox"/> Nurse to review and sign Insulin Pump Therapy Bedside Logbook (<i>Form 20189</i>) at the end of each shift. Completed form to be placed into chart daily			
<input checked="" type="checkbox"/> 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 (<i>use hospital meter</i>)			
<input checked="" type="checkbox"/> Before meals and bedtime			
<input checked="" type="checkbox"/> 2 hours after site change			
<input type="checkbox"/> 0300 hours			
<input type="checkbox"/> Every _____ hours			
<input type="checkbox"/> Other (<i>specify</i>) _____			
Insulin Type (<i>Choose One, for use in pump</i>)			
<input type="checkbox"/> lispro (<i>HumaLOG®</i>) <input type="checkbox"/> aspart (<i>Novorapid®</i>) <input type="checkbox"/> Other (<i>specify</i>) _____			
Hyperglycemia			
<input checked="" type="checkbox"/> If blood glucose is over 14.0 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			
<input checked="" type="checkbox"/> Do not remove or stop Insulin Pump Therapy without Physician Order			
<input checked="" type="checkbox"/> Treat according to Hypoglycemia protocol			
Other Orders			
<input checked="" type="checkbox"/> Patient to change site every _____ day(s) (usually every 2-3 days), starting Date (<i>dd-Mon-yyyy</i>) _____			
Pump Settings (<i>Patient to manage pump according their specific ed settings</i>)			
<input checked="" type="checkbox"/> Refer to Insulin Pump Information Sheet (<i>Form 20114</i>) and Insulin Pump Therapy Bedside Logbook daily (<i>Form 20189</i>)			
Physician Name (<i>print</i>)	Physician Signature	Date (<i>dd-Mon-yyyy</i>)	Time (<i>hh:mm</i>)

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) Mental status that interferes with the patient's ability to self-manage (e.g. if patient experiences suicidal thoughts, behaviours and/or has made attempt(s) to die by 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) The patient chooses not to or unable 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**