

Back Up!

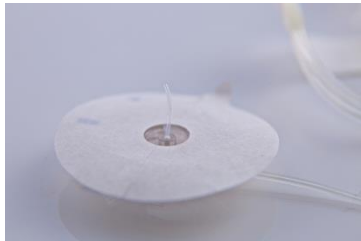
When things go wrong with your pump

Back up Kit

- If your pump fails you must have back up fast (*NovoRapid/Humalog/Apidra/Fiasp*) & long acting (*Lantus/Levemir/Tresiba/Abasaglar/Toujeo*) insulin plus an insulin pen or syringes. Keep these on your repeat prescription.
- Insulin syringes can be easily carried around and used to draw up insulin from your vial or pump cartridge.
- Ketone test strips – in date! (urine or meter)
- Spare Infusion sets & cannulas
- Spare batteries



Possible Problems



Check cannula after removal

Is it bent? Is there any blood?
These can explain problems with high blood glucose levels



Moisture in cartridge chamber?

- Remove cartridge
- Have piston rod ½ way up chamber (do this by changing cartridge & set volume to 150mls)
- Rinse with tsp clean water
- Let dry out completely using tissue or hairdryer on cool/gentle blow

Keep a record of.....

Total Daily Basal Dose units per day
Use this dose for background (Lantus/Levemir/Tresiba/Abasaglar/Toujeo) insulin if need to wait a few days to get replacement pump.

Bolus (Carb) ratio units perg CHO

Correction dose ratio 1 unit to reduce BG bymmols

You will need this information if you have to go back to using a pen or to programme a new pump.

Company Careline numbers:

Roche	0800 7312291
Medtronic	01923 205167
Inulet (Omnipod)	0800 0116132
Ypsomed	0344 8567820
Air Liquide (Tandem T Slim)	0800 0121560

Air bubbles

Check cartridge & tubing on waking & before bed or if you have unexpected high glucose levels.
Look for long 'sausage shaped' bubbles in tubing.
Prime tubing to remove them.
Keep pump upright and be **disconnected** when priming bubbles out



Wear pump upside down to keep any bubbles at top of cartridge

Managing Hyperglycaemia in Pump Therapy - Remember **ABCC**

A Assessment

BG level ->14mmols - consider whether:
 It is unexpected
 You are feeling unwell
 The test is after 3hours from last meal

Action required
 Assess for Ketones
 Assess infusion set /site and cannula, any soreness, blood in cannula, tubing, cannula bent or misplaced

B Bolus

Ketones present >1.5mmols blood or 2++ in urine
Give DOUBLE correction dose via injection (pen or syringe)
Give usual calculated food boluses
Can use bolus advisor - log as injection on pump system.
Drink plenty of water or sugar free fluid - e.g. cup water every 15mins

No Ketones
 Continue to give normal correction doses via pump
 Can use bolus advisor as usual

C Change

Change Cannula & infusion set if bolus insulin dose not reducing glucose levels.
 Consider switch to insulin pen injections if pump boluses do not appear to be correcting blood glucose levels

C Check

Repeat blood glucose tests & ketone tests **every 1-2hours**

Continue with, **DOUBLE correction doses & extra fluids if ketones still present**
 Inform diabetes nurse specialist or doctor

No Ketones
 Continue to give normal correction doses via pump, using bolus advisor as usual until blood glucose levels return to target

Do not go to bed until levels have improved.

CONTACT GP or A&E IF VOMITING OCCURS

In case of pump failure revert to pen therapy. Use bolus advisor still for meal boluses.
 Give background insulin (Lantus/Levemir) at a dose the same as your pump total daily basal rate [.....units]