Queensland Government

Insulin Pump Management Checklist

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

This form to be completed by Medical Officer/Nurse Practitioner during patient with diabetes (PWD) admission to hospital.

Medical Officer/Nurse Practitioner (print name):	Date:

Step 1

	Yes	No	Outcomes
Contact Diabetes Educator (if available in your facility)	☐	☐	
Contact the supervising Medical Officer/Nurse Practitioner/ Endocrinologist or facility where the pump was initiated to seek advice	☐	☐	

Step 2: Assessing PWD Safety

Does the PWD have any of the following...	Yes	No	Outcomes
Altered level of consciousness	☐	☐	**If *Yes* to any question:** 1. Turn pump off: Ask the PWD or contact the pump manufacturer's helpline for assistance 2. The PWD should be placed on subcutaneous insulin regimen or an IV insulin infusion while they are in hospital 3. Please refer to the *Insulin Subcutaneous Order and Blood Glucose Record* for guidance
Critically ill requiring stabilisation in the Intensive Care Unit	☐	☐	
Serious mental health conditions where the individual is at risk of self-injury or suicide	☐	☐	
Diabetic Ketoacidosis (DKA) or 2 consecutive positive ketone levels	☐	☐	
Impaired judgement	☐	☐	
Any other intercurrent illness affecting their ability to use the insulin pump	☐	☐	
PWD or caregiver refuses or is otherwise unable to participate in care	☐	☐	
Lack of insulin pump consumables, such as infusion sets, cartridges and other required equipment	☐	☐	
Lengthy and/or complicated surgery	☐	☐	
Upon assessment, they are unable to use the insulin pump	☐	☐	
Any other medical circumstances deemed unsuitable by the supervising Medical Officer/Nurse Practitioner/Endocrinologist	☐	☐	

Pump Manufacturer Helplines	
Medtronic	1800 777 808
T-slim	1300 851 056
Ypsomed	1800 447 042
Omnipod	1800 954 074

Step 3: Assessing the PWD/Parent of Guardians Ability to Manage the Insulin Pump

	Yes	No	Outcomes
Ability to navigate the pump menu or phone app	☐	☐	**If *No* to any question:** 1. Turn pump off: Ask the PWD or contact the pump manufacturer's helpline for assistance 2. The PWD should be placed on subcutaneous insulin regimen or an IV insulin infusion while they are in hospital 3. Please refer to the *Insulin Subcutaneous Order and Blood Glucose Record* for guidance
Ability to adjust basal rates and bolus doses	☐	☐	
Demonstration of managing cannula site and infusion line issues	☐	☐	
Are using a CGM or be willing to do a POC BGL 4 times a day	☐	☐	
Have adequate supplies of infusion sets, reservoirs, spare batteries, charging cable, and rapid acting insulin for the anticipated duration of the admission	☐	☐	
In paediatrics, the parent/guardian is to be responsible for the insulin pump and must stay with the child at all times	☐	☐	
Any other clinical concerns identified by the Diabetes Educator or supervising Medical Officer/Nurse Practitioner/Endocrinologist	☐	☐	

DO NOT WRITE IN THIS BINDING MARGIN

INSULIN PUMP MANAGEMENT CHECKLIST

v4.00 - 07/2024

SW337

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Address:

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Step 4: Operations and Procedures

Discuss use of insulin pump in operating theatre and procedure room with...	Yes	No	N/A	Outcomes
Anaesthetist	☐	☐	☐	
Surgeon	☐	☐	☐	
Physician/Endocrinologist/Nurse Practitioner	☐	☐	☐	
Diabetes Educator	☐	☐	☐	
PWD	☐	☐	☐	

Step 5: Documentation

Before the PWD continues on the insulin pump as an inpatient, the following must be documented in the PWD's chart and the *Blood Glucose Monitoring* form:

1. Place a sticker on the inside of the medical record in the alerts section and on the *Insulin Subcutaneous Order and Blood Glucose Record* stating
   a. brand name and model of insulin pump;
   b. manual pump or automated insulin delivery (AID) system (a pump that delivers auto corrections);
   c. type of insulin used;
   d. current basal and bolus doses;
   e. target BGLs;
   f. insulin : carbohydrate ratio;
   g. CGM brand/model;
   h. correction factor (insulin sensitivity).
2. Any changes to the insulin regimen recommended by medical staff during this admission are documented in the medical record and confirmed by the PWD at the time of implementation.
3. Complete *Insulin Subcutaneous Order and Blood Glucose Record* stating that the PWD is self-managing and the frequency of BGLs. Initial BGL frequency is standard if BGLs stable. If BGLs unstable frequency is standard plus 2 hours post-meals and 02:00 hours.

Comments:

Clinician (print name):	Designation:	Signature:	Date: