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Contact: QldDiabetesNetwork@health.qld.gov.au

Queensland Government

Diabetes Inpatient Assessment: Insulin Pump – Adult

For patients aged 16 years and older

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

- This form is to be completed by an appropriately qualified staff member **(Medical Officer, Diabetes Educator or Nurse Practitioner)** during patient admission to hospital.
- **Notify the hospital diabetes team of this patient as soon as possible.**
- ***NB:*** *If Credentialled Diabetes Educator (CDE) services are unavailable, pump therapy may continue provided an appropriate care plan is accessible through the usual diabetes care provider or the on-call tertiary centre.*

If the insulin pump is disconnected, alternative insulin order is required as soon as possible.

Step 1: Assessing Patient Safety

Does the patient have any of the following?	Yes	No	Outcome
Impaired consciousness	☐	☐	If YES to any: **Not suitable to remain on insulin pump** 1. Discontinue insulin pump 2. Alternative insulin is required as soon as possible. Either: • Commence IV insulin infusion; *OR* • Order subcutaneous insulin regime 3. Consult diabetes specialist team
A critical illness requiring intensive care	☐	☐	
A major psychiatric disturbance or suicidal tendencies	☐	☐	
Diabetic Ketoacidosis (DKA)/Hyperosmolar Hyperglycemic State (HHS)	☐	☐	
Lack of infusion sets, reservoirs or any other equipment required to maintain insulin pump	☐	☐	
An unwillingness to manage the pump while an inpatient	☐	☐	
Any other medical circumstances deemed unsuitable by the supervising Medical Officer	☐	☐	

Comments:

Step 2: Assessing Patient Competency

The following applies to either the patient/parent/guardian	Yes	No	Outcome
Demonstrates correct operation of the insulin pump: • Can open management menu • Demonstrate Automated Insulin Delivery (AID) settings if relevant • Administer bolus • Adjust setting (i.e. Insulin Carb Ratio [ICR] Insulin Sensitivity Factor [ISF]) ***NB:*** *If patient is not able to administer bolus or adjust basal settings, they can remain on pump/AID if felt appropriate to do so, unless Blood Glucose Level (BGL) becomes unstable.*	☐	☐	If NO to any: **Not suitable to remain on insulin pump** 1. Discontinue insulin pump 2. Alternative insulin is required as soon as possible. Either: • Commence IV insulin infusion; *OR* • Order subcutaneous insulin regime 3. Consult diabetes specialist team
Demonstrates technical competency regarding cannula sites, how to manage infusion line obstruction/site leaks and replace infusion set	☐	☐	
Has access, or can arrange access, to ongoing consumables required for pump (e.g. infusion sets, batteries, reservoirs etc.)	☐	☐	
Agrees to monitor BGL's as per hospital policy	☐	☐	
Agrees to notify nurse of BGL's and any insulin boluses given via the pump	☐	☐	
Agrees to notify medical staff of any changes to insulin pump	☐	☐	
Carer/parent/guardian responsible for the insulin pump will always be present	☐	☐	
Understands the pump will be discontinued if medically indicated	☐	☐	

Comments:

Available to order
WINC Code: 1NY45803

DO NOT WRITE IN THIS BINDING MARGIN

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WINC Code: 1NY45803
SW1392

DIABETES INPATIENT ASSESSMENT: INSULIN PUMP – ADULT

Queensland Government

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Step 3: Assessment Outcome and Documentation

What is the assessment outcome for this patient?

☐ Patient **NOT** suitable to remain on insulin pump ☐ Patient to remain on insulin pump

Pump documentation

- Before the patient continues on the insulin pump as an inpatient, the following **must** be documented in the patient's medical record:
  - » Brand name and model of the insulin pump.
  - » Type of insulin used.
  - » Current pump settings: Basal rate, carbohydrate ratio, insulin sensitivity (correction factor), BGL targets, active insulin time (insulin on board); highlight if using AID as inpatient.
  - » If in AID, check manual settings safe when compared with current use in AID.
- Document date of insulin cannula set, reservoir change, Continuous Glucose Monitor (CGM) insertion and when replacement is required.
- Insulin is ordered on the Insulin *Subcutaneous Order and Blood Glucose Record* or in ieMR power plan (digital sites)
  - » ***NB: A pump failure plan MUST be documented for use if required (i.e. basal insulin and doses [e.g. based on basal insulin delivery from pump]).***

BGL monitoring

- BGL frequency **must** be discussed with the patient/carer/parent/guardian and ordered on Insulin *Subcutaneous Order and Blood Glucose Record* or in ieMR power plan.
  - » Unless alternative hospital policy exists, fingerprick glucose levels should continue to be measured as per usual hospital protocols, regardless of CGM use.
  - » **If BGL <4 or >15 mmol/L on CGM**, this should be confirmed on capillary readings prior to therapy being instituted.
  - » **If there is >2 mmol/L discrepancy between capillary and CGM**, the capillary reading should be used.
  - » If the CGM reading does not correlate with the clinical situation, an additional capillary reading should be used.
  - » Integrity of pump insertion site and CGM to be documented once per nursing shift.

Escalation for clinical concern

A medical review is indicated to assess safety of ongoing pump use if:

- **BGL uncontrolled (e.g. >16.1 mmol/L for 4 hours).**
- **Recurrent hypoglycaemia (more than one episode per 24 hours or severe hypoglycaemia).**
- **Elevated ketones (>2 mmol/L).**
- **Clinical concern.**

Assessed by (print name):	Designation:	Signature:	Assessment date:

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