Physician Order (Adult)--Use of Continuous Subcutaneous Insulin Infusion (CSII) Pumps in Hospitalized Patients

Allergies: _____

Discontinue all previous insulin orders
Monitor capillary glucose before meals and bedtime
Lab to meter comparison with patient blood glucose meter within 20%

Indications for inpatient use of an external insulin pump (all boxes must be checked)

- ☐ Alert; oriented to person, place and time
- ☐ Knowledgeable and competent to manage the insulin pump
- ☐ Has adequate insulin pump supplies, including infusion sets, reservoirs and batteries
- ☐ Patient consent to self-manage insulin pump

Consult Diabetes Education Centre for assessment of insulin pump knowledge and competency

Patient may self-manage insulin pump. Pump make:_____ Pump model: _____

Insulin type: _____

Basal rate: _____

Bolus dose: _____   Insulin Sensitivity Factor: _____

If patient develops any of the contraindications listed below,

- ☐ Altered or changes to state of consciousness and/or cognitive status
- ☐ At risk for suicide
- ☐ Critically ill (sepsis, trauma) and needs intensive care
- ☐ Persistent unexplained hyperglycemia
    - o Diabetic Ketoacidosis or
    - o one or more unexplained blood glucose reading greater than 16 mmol/L and ketones present or
    - o two or more unexplained blood glucose readings greater than 16 mmol/L despite correction boluses with or without ketones present
- ☐ Refusal or unwillingness to participate in self-care
- ☐ Caregiver support/assistance required to manage insulin pump

Check blood glucose
Give _____u _____ insulin sc or call physician for orders
Discontinue insulin pump therapy in _____ minutes
Give _____u _____insulin sc BID (basal insulin)
Give_____ u _____insulin sc TID with meals (bolus insulin)

Calculations for switching from pump therapy to multiple daily injections
Determine TDD of insulin on pump= _____ Basal dose = TDD ÷ 2 =_____ Divide basal dose as twice daily dose = _____BID Bolus dose = TDD ÷ 2 = _____ Divide bolus dose by 3 for meals = _____ TID Will need correction dose scale of insulin

Date: _____ Time: _____

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MD Signature   DRAFT July 2012