From the Office of Health Informatics

Patient's Own Insulin Pump
Inpatient Nursing

November 4, 2026

Patients admitted with their own insulin pump may be able to continue using their pump while hospitalized when the requirements for self-management are met and no contraindications are present. This flyer explains multiple documentation workflows necessary both on paper and Oracle Cerner.

Identify and Assess

When a patient arrives using an insulin pump:

- Identify that the patient is currently using their own insulin pump.
- Assess the patient for requirements and contraindications to continued use.
- Determine whether the patient can safely self-manage the pump.
- For pediatric patients who do not manage their own pump, a caregiver or other representative must remain at the bedside to manage the pump.

NOTE: Examples of contraindications outlined in the policy include pump malfunction, recurrent or persistent hypoglycemia or hyperglycemia, admission related to severe hypo- or hyperglycemia, lack of pump supplies, DKA, critical illness, and certain procedures or conditions that prevent the patient from managing the pump.

STEP 1: To determine whether a hospitalized patient may safely continue self-managing their insulin pump, print the **Insulin Pump Patient Agreement to Self-Manage Hospital (Form 900092545)** from the NLH Forms Repository (**Policy Manager - MCN Solutions**).

Key requirements:

- The form must be reviewed and signed by the patient or the patient's authorized representative.
- The agreement outlines the patient's responsibilities, including:
  - Providing necessary insulin pump supplies throughout hospitalization.
  - Reporting insulin doses administered through the pump.
  - Reporting current pump settings and any changes made.
  - Allowing hospital blood glucose monitoring as ordered.
  - Promptly notifying nursing staff of pump malfunctions, interruptions in therapy, or other relevant changes affecting insulin pump use.
- Completion of the agreement supports the assessment of self-management requirements and helps identify any contraindications to continued insulin pump use during hospitalization.

Documentation:

- The signed agreement should remain in the patient's paper chart throughout the hospitalization.
- After discharge, the completed form must be scanned into the patient's electronic medical record.

STEP 2: Also, from the NLH Forms Repository, found here: Policy Manager - MCN Solutions, print the **Insulin Pump Information Sheet** and have the patient complete the form.

The forms collects the following from the patient:

- Pump Brand
- Type of Insulin
- CGM use and brand, if applicable
- Basal rate(s)
- Insulin-to-carbohydrate ratio(s)
- Correction/insulin sensitivity factor(s)
- Target glucose range(s)

- The signed agreement should remain in the patient's paper chart throughout the hospitalization.
- After discharge, the completed form must be scanned into the patient's electronic medical record

STEP 3: A practitioner order is required for continued pump use. Provider will then enter appropriate orders using **Patients Own Insulin Pump** PowerPlan to establish inpatient treatment plan. Treatment plan will address:

- Type of Insulin
- Pump Settings
- Timing/frequency of blood glucose testing
- Hypoglycemia treatment
- Alternative insulin orders when clinically necessary, including situations where the pump may need to be removed for a diagnostic test or procedure

STEP 4: Once appropriate orders are active, patients are responsible for management of their pump and for providing and changing their infusion set according to the patient's regimen.

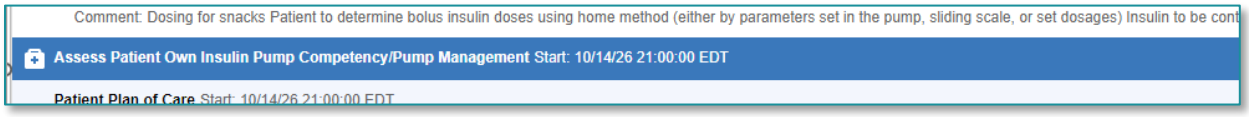
STEP 5: Upon initiation of the PowerPlan, nursing will receive **Complete Insulin Pump Information Sheet** Patient Care Task in Care Compass. This is a **Done/Not Done** task.

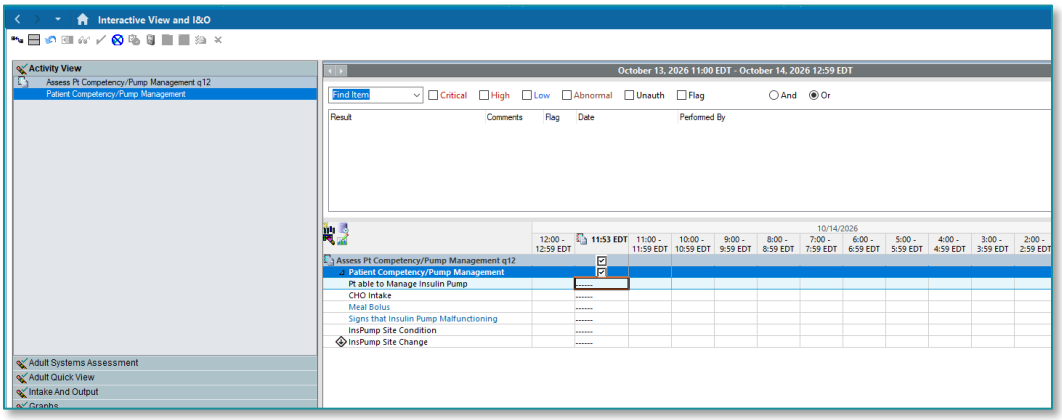


STEP 6: Patient or caregiver to maintain the **Insulin Pump Bedside Logbook**, printed from the NLH Forms Repository found here: Policy Manager - MCN Solutions. The logbook captures

- Carbohydrate intake (in grams)
- Meal Bolus and correction dose units
- Pump site/set changes

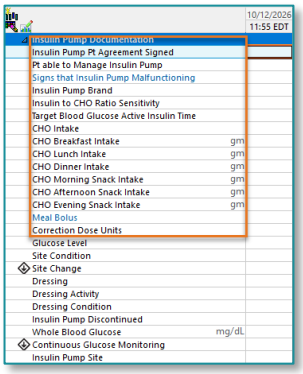
STEP 7: Information captured within the **Insulin Pump Bedside Logbook** will be transcribed into Oracle Cerner every 12 hours. Care Compass, **Assess Patient Own Insulin Pump Competency/Pump Management** task will appear twice daily (morning and night), directing documentation within iView, specifically: **Patient Competency/ Pump Management** Band





STEP 8: Information collected from Insulin Pump Bedside Logbook will be documented in iView:

- Via **Activities of Daily Living**, **Nutrition band**, and **Insulin Pump Documentation band carbohydrate intake (**CHO Intake) have been added for meals and snacks
- **Meal Bolus** and **Correction Dose Units** are also positioned within Insulin Pump Documentation.



NOTE: The Insulin Pump Bedside Logbook DOES NOT replace nursing documentation in Oracle Cerner.

NOTE: Notify provider if:

Change in diet or NPO

Glucose greater than 400 mg/dL

Glucose less than 70 mg/dL and see JPP Hypoglycemia for orders

Patient complains of symptoms of hypo or hyperglycemia

Patient reports that the device might be malfunctioning

Signs of inflammation or irritation at pump infusion site

Patients running low on own insulin pump supplies

Patient's cognitive status changes or if caregivers suspect the patient's level of competence has changed (patient may no longer be able to independently manage their insulin pump

If there is a change in basal rate(s) that is outside of the order