From the Office of Health Informatics

# Patient's Own Insulin Pump
# Inpatient Provider

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 user Oracle Cerner.

Before continuing the patient's own insulin pump, confirm the applicable requirements have been met.The patient must be able to provide or report the necessary pump information and settings, have appropriate pump supplies available, meet the requirements for self-administration, and complete the required agreement.

Contraindications outlined in the policy include:

- Pump malfunction
- Recurrent or persistent hypoglycemia or hyperglycemia, or admission related to severe hypo- or hyperglycemia
- Lack of patient-provided pump supplies
- DKA
- Critical illness
- Procedures or clinical circumstances that interfere with the patient's ability to manage the pump

NOTE: If the patient does not meet the requirements for continued pump use, establish an alternative insulin-management plan.

**STEP 1:** Obtain Pump Information from the patient-completed **Insulin Pump Information Sheet** and/or the most recent available endocrinology documentation. Information includes:

- Insulin type
- Basal rate(s)
- Insulin-to-carbohydrate ratio
- Insulin sensitivity/correction factor
- Active insulin time
- Target blood glucose

**Insulin Pump Information Sheet**

This form is to be completed by the patient or caregiver/guardian who has agreed, along with the responsible practitioner, that they will be responsible for self-management of their insulin pump while in the hospital. Patient must provide their own pump and pump supplies while in the hospital.

Patient will provide pump information and pump settings, and return completed form to the nurse, who will place it into the chart.

| **Pump information:** | |
|---|---|
| Brand of pump | |
| Insulin type *(Select one)* | ☐ Insulin lispro (Humalog®)<br>☐ Insulin aspart (Novolog®)<br>☐ Insulin glulisine (Apidra®)<br>☐ Insulin aspart (Fiasp®)<br>☐ Insulin lispro (Lyumev®) |
| Do you use continuous glucose monitor (CGM)? | ☐ Yes<br>☐ No<br><br>If yes, please list brand of CGM: |

| **Pump settings:** | | | | |
|---|---|---|---|---|
| **Basal Rate(s)** | | **Insulin: Carbohydrate Ratio (ICR)** | | |
| **Time** | **Unit/hour** | **Time** | **Ratio** | |
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| **Correction/Insulin Sensitivity Factor(s) (ISF)** | | **Target Glucose (mg/dL)** | | |
| **Time** | **Sensitivity** | **Time** | **Low** | **High** |
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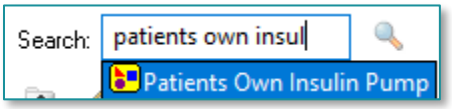
**STEP 2:** Order the **Patient's Own Insulin Pump** PowerPlan. The order signifies that the applicable requirements for continued pump use have been met. The treatment plan must address:




- 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

NOTE: Patients may continue to use a Continueous Glucoe Monitor (CGM) for their own information when otherwise appropriate. However, treatment decisions outside routine patient-directed pump management are based on hospital-obtained blood glucose results rather than CGM values.

**STEP 3:** Nursing will assess the patient's ability to safely self-manage the pump at least every 12 hours. Provider should be notified when the patient's cognitive status or ability to self-manage changes.

A new or modified treatment plan may also be required when:

- A contraindication develops.
- The patient no longer meets requirements for pump use.
- The pump malfunctions.
- A basal rate changes outside the existing order.
- The pump must be removed or held for a diagnostic, surgical, or invasive procedure.