Unique Plan Description: Patients Own Insulin Pump
Plan Selection Display: Patients Own Insulin Pump
PlanType: Medical
Version: 1
Begin Effective Date:
End Effective Date: Current
Available at: ***ACADIA HOSPITAL***
BHMH
C A DEAN HOSPIT
EMMC
MERCY HOSPITAL
NL MAINE COAST HOSPITAL
SVH
TAMC - THE AROO
Plan Comment: PRJ0462013 new build @DF

Patients Own Insulin Pump
Patient Care

Exclusions: - Impaired level of consciousness or confusion - Critical illness - DKA or HHS - Suicidal or at risk of self-harm (this is not an absolute contraindication; psychiatric prescriber to determine) - Unable to use hands and or physically manipulate pump due to injury or other medical condition - Refusal or unwilling to participate in self-care - Lack of pump supplies or mechanical pump malfunction - Recurrent or persistent episodes of hypo- or hyper-glycemia or if admission is related to severe hypo- or hyper-glycemia - Patient does not have capacity(NOTE)*
Link to policy which includes requirements for medication self-administration(NOTE)*

☑ Complete Insulin Pump Admission Assessment
ONCE

☑ Assess Patient Own Insulin Pump Competency/Pump Management
Every 12 Hours

HumaLOG(NOTE)*

☐ HumaLOG insulin Pump
Patient's Own Pump, SUBCUT-INFUSION, Every 24 Hour Interval, T;2330, Document 24 hour total insulin
Comments: Pharmacy may dispense insulin to refill patient's own insulin pump

☐ HumaLOG insulin Pump
Patient's Own Pump, SUBCUT-INFUSION, Before Meals
Comments: Dosing for meals Patient to determine bolus insulin doses using home method (either by parameters set in the pump, sliding scale, or set dosages) Insulin to be continuously infused SQ via insulin pump per home basal rate/rates Pharmacy may dispense insulin to refill patient's own insulin pump

☐ HumaLOG insulin Pump
Patient's Own Pump, SUBCUT-INFUSION, Every 1 Hour Interval, Patient's Own Insulin Pump
Comments: Dosing for snacks Patient to determine bolus insulin doses using home method (either by parameters set in the pump, sliding scale, or set dosages) Insulin to be continuously infused SQ via insulin pump per home basal rate/rates Pharmacy may dispense insulin to refill patient's own insulin pump

NovoLOG(NOTE)*

☐ NovoLOG insulin Pump
Patient's Own Pump, SUBCUT-INFUSION, Every 24 Hour Interval, T;2330, Document 24 hour total insulin

☐ NovoLOG insulin Pump
Patient's Own Pump, SUBCUT-INFUSION, Before Meals

☐ NovoLOG insulin Pump
Patient's Own pump, SUBCUT-INFUSION, Every 1 Hour Interval, Patient's Own Insulin Pump

Orderables below are meant to be used if pump brand/type is not available above. Please be aware: if using free-text Insulin Pump orderable below, Drug/Drug Interaction allergy checking will NOT alert.(NOTE)*

☐ Insulin Pump Equipment
SUBCUT-INFUSION, Every 24 Hour Interval, T;2330, Document 24 hour total insulin

☐ Insulin Pump Equipment

SUBCUT-INFUSION, Before Meals

☐ Insulin Pump Equipment
SUBCUT-INFUSION, Every 1 Hour Interval, Patient's Own Insulin Pump

☐ Patient's Own Insulin Pump
SUBCUT-INFUSION, Every 24 Hour Interval, Patient's Own Insulin Pump, Patient's Own Meds, T;2330, Document 24 hour total insulin

☐ Patient's Own Insulin Pump
SUBCUT-INFUSION, Before Meals, Patient's Own Insulin Pump, Patient's Own Meds

☐ Patient's Own Insulin Pump
SUBCUT-INFUSION, Every 1 Hour Interval, Patient's Own Insulin Pump, Patient's Own Meds

Insulin Pump Management(NOTE)*

Continuous Glucose Monitoring (CGM):Treatment decision will be based on hospital blood glucose results and not on patients own CGM(NOTE)*

☑ Bedside Glucose Monitoring
Before Meals+Bedtime

☑ Notify If
For patient with own insulin pump, notify provider if:
Comments: 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 Patient running low on own insulin pump supplies Patient's cognitive status changes or if staff caring for the patient 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

☑ Provider Communication
Patient's own pump management recommendations for imaging
Comments: Radiology procedures: o Ionizing radiation presents a limited risk in damaging and/or deprogramming medical pumps. - The following precautionary measures shall be taken for patients undergoing imaging studies that involve ionizing radiation:
Medication pumps may be disconnected and removed from the imaging room when safe and practical to do so. When disconnection is unsafe or impractical, steps shall be taken to exclude the pump from the useful beam. - Studies utilizing ionizing radiation include:
- Radiography (X-rays) - Computed Tomography (CT) - Fluoroscopy
- Nuclear Medicine studies (PET/SPECT) o Magnetic fields pose a greater risk to medication pumps. Pumps shall be disconnected and removed prior to Magnetic Resonance Imaging (MRI) studies.

☑ Provider Communication
Patient's own pump management recommendations for procedures
Comments: Surgical and other invasive procedures: - For a procedure during which the pump is going to be disconnected, the following should be done unless other strategies for delivering insulin have been enacted: - Order should be entered by the practitioner to hold the insulin pump infusion. - Pump should be secured.Patients must meet the following criteria to resume the pump after surgery: Patient must be assessed for contraindications and requirements for continued use listed below: - Contraindications to continued use of insulin pump: - Insulin pump malfunction. - Recurrent or persistent episodes of hypoglycemia or hyperglycemia or if admission is related to severe hypo- or hyper-glycemia. - Lack of patient-provided insulin pump supplies. - Medical conditions, such as DKA, critical illness. - Some procedures involving anesthesia that alter the patient's ability to manage their pump Additionally, the patient must meet the following requirements for continued use of insulin pump: - Requirements for self-administration - Patient can obtain and report current basal rate, prandial doses, correction boluses, insulin/sensitivity correction factor. To complete this part, patient may fill out the Insulin Pump Information Sheet. If a patient is using an Automated Insulin Infusion Pump, be aware basal rates can vary throughout the day. - The patient has adequate supplies, including but not limited to catheter, infusion sets, reservoirs, medication, and batteries/charger. - If a patient needs additional insulin and is unable to obtain it, the hospital may provide the medication if readily available. - If a pediatric patient does not manage their own pump, a caregiver or other representative must be at bedside 24/7 to manage the pump. - The consent for self-administration of insulin pump has been signed by patient or patient representative.If at any time the patient meets one of the contraindications above or no longer meets a requirement above, the practitioner should be notified immediately for alternative insulin

management plan. If additional support is needed, endocrinology service may be contacted. - Ordering A practitioner order is required for continued use of insulin pump. The practitioner will order the Patient's Own Insulin Pump Powerplan. This order signifies that the applicable requirements listed above have all been met. - Orders must contain the following information based on patient provided setting information and/or most recent clinical notes from endocrinology if available: Type of insulin used. - Insulin pump settings: Basal rate(s), insulin to carbohydrate ratio, sensitivity, active insulin time, target blood glucose.This information can be found in patient completed Insulin Pump Information Sheet and/or most recent endocrinology note if followed at Northern Light Health endocrinology. - Timing/frequency of blood glucose testing - Hypoglycemia treatment orders must be ordered for all patients with subcutaneous insulin pumps. - Alternative orders for insulin may be necessary if the pump is removed for diagnostic tests or surgery If the patient does not meet criteria, an alternate mode of delivery should be prescribed until the pump can be resumed. - If patient meets criteria, the pump should be reconnected as soon as possible following departure from the procedure room. - If more than one hour has passed since removal, blood glucose should be assessed. - If patient is unable to correct glucose level by using the pump, an alternative delivery method should be ordered. - For a surgical case during which the pump may need be removed [i.e. due to the length of the surgery (usually 4 hours or more)]: - Order should be entered by the practitioner to hold the insulin pump infusion. - Pump should be secured. - While in surgery, the patient's blood glucose should be managed by the anesthesia practitioner or per surgical protocol. - Patients must meet criteria noted above to resume the pump after surgery. If the patient does not meet criteria, an alternate mode of delivery should be prescribed until the pump can be resumed.

☑ Provider Communication

Patient's own pump should be disconnected for any of the follow imaging/procedures: Comments: X-rays Magnetic resonance imaging (MRI) Computerized tomography (CT) Positron emission tomography (PET) scan Any test, procedure, or surgery that uses radiation or magnetic fields

Non Categorized

Providers must exercise independent clinical judgment when using order sets.(NOTE)*

***Report Legend:**

DEF - This order sentence is the default for the selected order
GOAL - This component is a goal
IND - This component is an indicator
INT - This component is an intervention
IVS - This component is an IV Set
NOTE - This component is a note
Rx - This component is a prescription
SUB - This component is a subphase