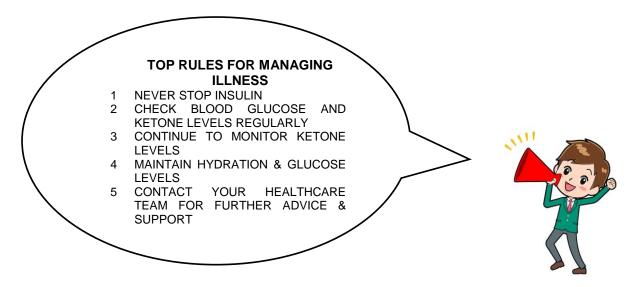
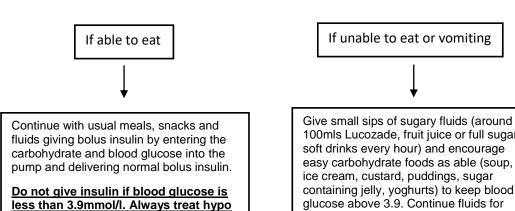
### Illness Guidelines for patients on insulin pumps Medtronic 670g, 780g and Tandem T:Slim - Without sensor linked/ or stand-alone pump



### Insulin doses and carbohydrate intake during illness

first!

During times of illness never stop taking insulin unless told to do so by health professional and continue to take carbohydrate as much as possible as it is important to maintain energy levels and prevent starvation ketones (read about starvation ketones in our general guidelines).



100mls Lucozade, fruit juice or full sugar soft drinks every hour) and encourage easy carbohydrate foods as able (soup, containing jelly, yoghurts) to keep blood glucose above 3.9. Continue fluids for hydration as often as possible.

Insulin (fast acting) may only be required in the form of a correction dose or ketone dose, depending on the blood glucose and blood ketone level (see table below for further information).

Carbohydrate dose may not be needed if only small sips/bites taken.

The amount of insulin that is needed is determined by the food eaten, the blood glucose and the blood ketone levels.

Ketones can be serious and the pump does not know the ketone level therefore it is important that an adult takes action at times of illness.

# Illness Guidelines for patients on insulin pumps Medtronic 670g, 780g and Tandem T:Slim - Without sensor linked/ or stand-alone pump

Disad	Disadilatana 00ta 05 mmal/l	Discalibateurs O.C. www.si/i au abaus
Blood glucose	Blood ketones 0.0 to 0.5 mmol/l	Blood ketones 0.6 mmol/l or above
Less than 3.9 mmol/l	Treat hypoglycaemia using usual hypo treatment (liquids often easier to take when unwell). Wait 15 minutes, re-test and repeat treatment if still less than 3.9mmol/l.  Continue regular carbohydrate and normal boluses (See above table).  If unsure of appetite or in case of vomiting could consider giving normal bolus insulin	<< Treat the same as if you do not have ketones. Ketones do not need to be checked at this point *DO NOT GIVE A KETONE DOSE *
	dose (fast acting) after meal.	
3.9 to 6.9 mmol/l	<b>Continue regular carbohydrate</b> and normal boluses (See above table).	<< Treat the same as if you do not have ketones.
		Ketones do not need to be checked at this point
	<u>If</u> unsure of appetite or in case of vomiting could consider giving normal bolus insulin dose (fast acting) after meal.	*DO NOT GIVE A KETONE DOSE *
	Continue regular carbohydrate and normal	
	boluses (See above table).	<< Treat the same as if you do not have ketones.
7.0 to 13.9 mmol/l	<u>If</u> unsure of appetite or in case of vomiting could consider giving normal bolus insulin	Ketones <b>do not need</b> to be checked at this point
	dose (fast acting) after meal.	*DO NOT GIVE A KETONE DOSE *
	Enter regular blood glucose levels to the pump (0 grams carbs) and deliver extra correction doses if pump allows. The pump will continue to adjust basal insulin as required.	MONITOR CLOSELY – IF BG RISES TO 14 MMOL/L OR ABOVE AND KETONE 0.6 MMOL/L AND ABOVE SEE BELOW.
	Continue regular carbohydrate and normal	GIVE A KETONE DOSE OF <u>FAST ACTING INSULIN</u> IMMEDIATELY
	boluses (See above table).	VIA INJECTION (Novorapid®/Fiasp®/Humalog®) (SEE BELOW
	If unsure of appetite or in case of vomiting could consider giving normal bolus insulin dose (fast acting) after meal.	FOR KETONE DOSE GUIDANCE)  FULL CHANGE OF INSULIN AND CANNULA/POD  Once changed continue with regular carbohydrate if able and
14mmol/l	Enter regular blood glucose levels to the	deliver normal boluses via the pump. Re-check for ketones in
or above	pump (0 grams carbs) and deliver extra	3 hours.
S. 43010	<b>correction doses</b> if pump allows. <i>The pump</i> will continue to adjust basal insulin as required.	<u>If</u> unsure of appetite or in case of vomiting could consider giving normal bolus insulin dose (fast acting) after meal.
	MONITOR CLOSELY – IF BG ABOVE 14 AND KETONE RISE TO 1.0 AND ABOVE SEE ACROSS >>	<b>THE KETONE DOSE CAN BE REPEATED EVERY 3-4 HOURS</b> if BG still 14 mmol/l or above and ketones 0.6mmol/l or above.

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#### **How to find Total Daily Dose:**

**Omnipod Dash:** Menu Icon - "History" - "Insulin and Blood Glucose History" - Tap the day drop down arrow and select 7 days - "Average Total insulin"

**Tandem T Slim:** Pump history and select "options" - Press the down arrow and select "History → "Pump history" → "Delivery Summary" → 14 day average.

**Medtronic:** Main Menu - Select "history and graph" - "History" - "Summary" - "7 days" - scroll down to "TDD"

#### Ketone Dose: What to do if unwell or blood glucose over 14 Check blood glucose before meals, bed, and every 3 to 4 hours overnight More details on ketones and illness found in "My Health Record", Page I 23 of the Information Section Continue usual carbo-Blood Glucose Blood Glucose Blood Glucose hydrate (or Lucozade) 14 and over 7 - 13-9 3-9 - 6-9 as well as giving sugar -free fluids Negative, trace, Check for Give a small (urine), or Continue giving Ketones in Correction <1 mmol/l (\*or 0-6 usual insulin doses urine or Dose at usual times mmol/l if on an blood (Page 03) Insulin Pump) Fewer than 3 Call for advice Urine ketones Moderate (++) Count all Ketone 3 times or Large (+++, Doses given so far ++++), or Blood ketones If Insulin **Ketone Dose** 1 mmol/l\* Total Daily Dose Take this NOW as a & above Ketone Dose of 1 - 10 1 unit (\*or 0.6 mmol/l fast-acting insulin: 11 - 20 on Insulin Novorapid, FiAsp, Pump) Humalog or Apidra 21 - 30 3 (in place of giving a 31 - 40 5 Correction Dose) 41 - 60 7 Rpt every 3-4 Add up all the 61 - 80 10 insulin taken on If using Insulin each day to find 81 - 100 13 Pump & Ketones Total Daily Dose Over 100 Call 0-6 mmol/l & over give Ketone Dose Look up insulin ' Find matching by injection ONLY Total Daily Dose **Ketone Dose** (not by pump) & in column above in column above retest in 1 hour Call for advice if: 1. requiring 3 or more Ketone Doses in a row. OR YOU ARE WORRIED FOR ANY REASON vomiting persists. \* Ketones are very dangerous & must 3. child looks ill (sleepy, dry mouth, sunken eyes). be dealt with as quickly as possible.