INSULIN PUMP THERAPY TROUBLESHOOTING HIGH BLOOD GLUCOSE

If blood glucose is rising and not coming down after a correction bolus, take out the infusion set and check to see if it was bent or kinked. Do NOT continue giving correction boluses with the insulin pump. Always check blood glucose one to two hours after changing your set.

IF BLOOD SUGARS ARE ABOVE 250 FOR A FEW HOURS, CHECK URINE FOR KETONES.

- If ketones are small, give a correction dose by injection.

- If ketones are moderate or large, double the calculated correction dose OR take 20% of your daily dose of insulin (check your history for the last several days to get an average daily dose). Administer the insulin by injection – NOT with the pump.

- To stay well hydrated, drink at least eight to 16 ounces of fluids, such as water or sugar-free/caffeine-free beverages, every hour.

TAKE THE FOLLOWING TROUBLESHOOTING ACTION

- Insert a new infusion set.

- Continue to monitor blood glucose and ketones until you're under 200 and ketones are negative to trace.

- If sugars are not coming down, ketones remain, or you're feeling unwell, call us at (508) 334-3206. After hours or on weekends, call (508) 334-1000. Ask the operator to page the adult endocrinologist on call. If you don't receive a call back within 30 minutes, call again.

- Have a source of fast-acting glucose available to use if the correction dose makes you go too low. Follow usual guidelines for treating lows.

BE PREPARED AND HAVE THESE ITEMS AVAILABLE

- ☐ Insulin vials or insulin pens (both long-acting and rapid-acting)

- ☐ Know your dose of long-acting insulin to take in case of pump failure

- ☐ Syringes or pen needles

- ☐ Ketone strips

- ☐ Glucagon

- ☐ Blood glucose meter test strips

- ☐ Fast-acting glucose, such as glucose tablets, juice, glucose gel, etc.