Patient Supplied Insulin Pump and/or Continuous Glucose Sensor [1334]

Patient to continue using pump with the existing settings.
.
Target Blood Glucose = Premeal 100-140 mg/dL and random less than 180 mg/dL
.
Providers: If patient has active insulin / non-insulin ANTIHYPERGLYCEMIC orders, please consider discontinuing.
Insulin Pump/Continuous Glucose Monitor Assessment Tool
Use the following criteria to determine if patient is appropriate to manage their own insulin during hospital stay
Indications for Continued Use:
1. Patient is alert, oriented to person, place, and time
2. Patient is knowledgeable and competent to self-manage insulin pump or sensor with the following (as applicable for device)*:
Calculate and deliver bolus doses
Change the basal rate
Set a temporary basal rate
Adjust dosing parameters
Suspend insulin delivery
Switch “closed loop insulin pump” to manual mode and operate pump in manual mode
*Diabetes Educator does not provide pump/CGM training
3. Ability to provide and replace all pump or sensor supplies (i.e. infusion sets, reservoirs, batteries, glucose sensor receiver , etc.)
4. Physical dexterity and visual ability to use pump or sensor
Contraindications for Hospital Use:
1. Altered state of consciousness, or impairment such as fatigue or under effects of sedating medications
2. Admitting diagnosis of diabetic ketoacidosis or hyperosmolar hyperglycemic state (DKA or HHS), or persistent hypoglycemia or hyperglycemia
3. Critically-ill patient requiring intensive care
4. Refusal or inability to participate in own insulin pump or glucose sensor management as per necessary requirements outlined in the policy or per conditions of the Patient Agreement Form
5. Suicidal risk
6. Caregiver/family member needed to manage pump or sensor
7. Mechanical failure of paitent's insulin pump or sensor
8. Other circumstances identified by the physician/advanced practice provider

Nursing

Patient Supplied Insulin Pump and/or Continuous Glucose Sensor (Single Response)

( ) Insulin Pump	
[ ] Patient supplied insulin pump	subcutaneous, continuous CALL ADMITTING/ORDERING PROVIDER FOR ANY QUESTIONS REGARDING PATIENT-SUPPLIED INSULIN PUMP Patient assessed and determined to be capable to self-manage pump:
[ ] Patient supplied insulin pump forms	Routine, Until discontinued, Starting S 1) UPON ADMISSION: Using link below, print RX193 Patient-Supplied Insulin Pump Patient Agreement Form. Review with patient and obtain patient signature. Submit the signed form for scanning into the electronic record. 2) DAILY: Using link below, print the Patient Record of Bedside Insulin Pump and Blood Glucose. Provide the patient with a new form daily at 0700.
[ ] Insulin Pump Care	
[ ] Assess insulin pump insertion site	Routine, Every 12 hours Assess: insulin pump insertion site
[ ] Patient managed insulin pump site change - every 48 hours	Routine, Every 48 hours Site Care: Patient to change insulin pump site
[ ] Patient managed insulin pump site change - every 72 hours	Routine, Every 72 hours Site Care: Patient to change insulin pump site
( ) Continuous Glucose Sensor	

[ ] Patient Supplied Continous Glucose Sensor	Routine, Until discontinued, Starting S Patient assessed and determined to be capable to self-manage continous glucose sensor: Fingerstick blood glucose (BG) measurements will be obtained as ordered and will NOT be replaced by sensor use. Alerts noted by the patient via sensor will be verified by additional fingerstick BG monitoring. All HYPERglycemia and HYPOglycemia therapy treatment plans will be decided based on fingerstick or serum BG measurement. If patient is on an insulin pump plus sensor, patient may continue to use hybrid closed loop systems in MANUAL MODE. Patient will NOT use the sensor data to self-administer insulin of any form or other oral anti-diabetes agent(s).
[ ] Patient Supplied Continous Glucose Sensor Forms	Routine, Until discontinued, Starting S 1) UPON ADMISSION: Using link below, print RX193 Patient-Supplied Insulin Pump Patient Agreement Form. Review with patient and obtain patient signature. Submit the signed form for scanning into the electronic record. 2) DAILY: Using link below, print the Patient Record of Bedside Insulin Pump and Blood Glucose. Provide the patient with a new form daily at 0700.

[ ] Continuous Glucose Sensor Care

[ ] Assess continuous glucose sensor site	Routine, Every 12 hours Assess: continous glucose sensor site
[ ] Continuous glucose sensor site care change - every 7 - 14 days	Routine, Weekly Site Care: Patient to change continuous glucose sensor

( ) Patient Supplied Insulin Pump AND Continuous Glucose Sensor

[ ] Insulin Pump

[ ] Patient supplied insulin pump	subcutaneous, continuous CALL ADMITTING/ORDERING PROVIDER FOR ANY QUESTIONS REGARDING PATIENT-SUPPLIED INSULIN PUMP Patient assessed and determined to be capable to self-manage pump:
[ ] Patient supplied insulin pump forms	Routine, Until discontinued, Starting S 1) UPON ADMISSION: Using link below, print RX193 Patient-Supplied Insulin Pump Patient Agreement Form. Review with patient and obtain patient signature. Submit the signed form for scanning into the electronic record. 2) DAILY: Using link below, print the Patient Record of Bedside Insulin Pump and Blood Glucose. Provide the patient with a new form daily at 0700.

[ ] Insulin Pump Care

[ ] Assess insulin pump insertion site	Routine, Every 12 hours Assess: insulin pump insertion site
[ ] Patient managed insulin pump site change - every 48 hours	Routine, Every 48 hours Site Care: Patient to change insulin pump site
[ ] Patient managed insulin pump site change - every 72 hours	Routine, Every 72 hours Site Care: Patient to change insulin pump site

[ ] Continuous Glucose Sensor

[ ] Patient Supplied Continous Glucose Sensor	Routine, Until discontinued, Starting S Patient assessed and determined to be capable to self-manage continous glucose sensor: Fingerstick blood glucose (BG) measurements will be obtained as ordered and will NOT be replaced by sensor use. Alerts noted by the patient via sensor will be verified by additional fingerstick BG monitoring. All HYPERglycemia and HYPOglycemia therapy treatment plans will be decided based on fingerstick or serum BG measurement. If patient is on an insulin pump plus sensor, patient may continue to use hybrid closed loop systems in MANUAL MODE. Patient will NOT use the sensor data to self-administer insulin of any form or other oral anti-diabetes agent(s).

[ ] Patient Supplied Continous Glucose Sensor Forms	Routine, Until discontinued, Starting S 1) UPON ADMISSION: Using link below, print RX193 Patient-Supplied Insulin Pump Patient Agreement Form. Review with patient and obtain patient signature. Submit the signed form for scanning into the electronic record. 2) DAILY: Using link below, print the Patient Record of Bedside Insulin Pump and Blood Glucose. Provide the patient with a new form daily at 0700.
[ ] Continuous Glucose Sensor Care	
[ ] Assess continuous glucose sensor site	Routine, Every 12 hours Assess: continous glucose sensor site
[ ] Continuous glucose sensor site care change - every 7 - 14 days	Routine, Weekly Site Care: Patient to change continuous glucose sensor

Finger Stick Blood Glucose (FSBG) Monitoring (Selection Required)

[X] Bedside glucose	Routine, 4 times daily 0-30 minutes before meals, at bedtime, and 0400 -IF NPO, TPN OR TUBE FEEDS: Every 4 Hours. Nurse to reschedule to new frequency. -If blood glucose is LESS THAN or EQUAL to 70mg/dL, follow the Hypoglycemia Management for Adult Patients order set.
[X] Bedside glucose	Routine, As directed -PRN, patient request or sign or symptom of hypoglycemia. -If blood glucose is LESS THAN or EQUAL to 70mg/dL, follow the Hypoglycemia Management for Adult Patients order set.

Notify

[X] Notify Admitting/Ordering Provider	Routine, Until discontinued, Starting S, -If glucose is less than 70 mg/dL or greater than 300 mg/dL -If TPN or tube feeds are held or discontinued

Diet

[X] Diet 1800 Kcal/202 gm Carb	Diet effective now, Starting S Diet(s): Other Diabetic/Cal Diabetic/Calorie: 1800 Kcal/202 gm Carbohydrate Advance Diet as Tolerated? IDDSI Liquid Consistency: Fluid Restriction: Foods to Avoid:

Insulin Pump Refill

Insulin Pump Refill (Single Response)

( ) insulin lispro (HumaLOG,AdmeLOG) injection	300 Units, pump refill, once, For 1 Doses For use as insulin pump refill ONLY!
( ) insulin regular (HumuLIN-R) injection	300 Units, pump refill, once, For 1 Doses For use as insulin pump refill ONLY!
( ) insulin ASPART (NovoLOG) injection	300 Units, pump refill, once, For 1 Doses For use as insulin pump refill ONLY! Non-formulary agent, please have patient supply.
( ) insulin glulisine U-100 (APIDRA) injection	300 Units, pump refill, once, For 1 Doses For use as insulin pump refill ONLY! Non-formulary agent, please have patient supply.

Hypoglycemia Management

Hypoglycemia Management (Single Response)

(X) Adult Hypoglycemia Standing Orders (Selection Required)	
[X] HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders	Routine, Per unit protocol CLICK REFERENCE LINK TO OPEN ALGORITHM:
[X] dextrose 50% intravenous syringe	12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL Give ½ cup juice if patient is able or 50% dextrose 12.5 g (25 mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes. DO NOT give further insulin until ordered by a provider
[X] dextrose 50% intravenous syringe	25 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is 40 mg/dL or LESS Give 50% dextrose 25 g (50 mL) IV push ONCE, contact the provider and recheck in 20 minutes. DO NOT give further insulin until ordered by a provider
[X] glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.
[X] dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr

Labs

Laboratory

[X] Hemoglobin A1c	Once
[X] Lipid panel	Once

Consults HMH

Consults

[X] Consult to Diabetes/Endocrinology	Reason for Consult? Diabetes
[X] Consult to Diabetes Educator	Reason for Consult: Insulin Pump
[X] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Type 1 Diabetes

Consults HMW

Consults

[X] Consult to Diabetes/Endocrinology	Reason for Consult? Diabetes
[X] Consult to Diabetes Educator	Reason for Consult: Insulin Pump
[X] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Type 1 Diabetes

Consults HMSTC HMSTJ

Consults

[X] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Type 1 Diabetes
[ ] Consult to Diabetes Educator	Reason for Consult:

[ ] Consult Diabetes/Endocrinology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated?

Consults HMSL HMWB HMSJ

Consults

[X] Consult to Diabetes Educator	Reason for Consult: Insulin Pump
[X] Consult to Nutrition Services	Reason For Consult? Other (Specify) Specify: Type 1 Diabetes