

**CHSA CSII (INSULIN PUMP)  
INPATIENT RECORD  
(MR-CIR)**

Hospital: .....

Drs Name:.....  
Initial: ..... Phone No: .....

Name of Carer:.....  
*(if parent / carer to manage insulin pump during admission)*

Affix patient identification label in this box

UR Number: .....  
Surname: .....  
Given name: .....  
Second given name: .....  
D.O.B: \_\_\_ / \_\_\_ / \_\_\_ Sex: .....

Insulin Pump Model:..... Insulin Type: NovoRapid / Humalog / Apidra  
Set & Reservoir Change (every 3 days): .....Due:.....

BGL Frequency: Hourly / Pre Meal / Bedtime / 2hours  
Post Meal / Overnight

BKL Frequency: Daily and if BGL >15mmol/L

Date:	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	
Basal Rate																									
Meal Bolus																									
Correctional Bolus																									
BGL																									
Carbohydrate																									
Activity																									
Ketones																									
Date:	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400	
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Carbohydrate																									
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Ketones																									

The patient is responsible for completing this insulin pump inpatient record.  
On discharge, this original record is to be retained for the medical record and a photocopy provided to the patient.



## CHSA Patient Self-Management of Insulin Pump Consent Form

For your safety and optimal care to use your insulin pump while you are in hospital, we request that you agree to the following.  
I/for my designated parent/carer will manage my insulin pump during this hospital stay. I understand that hospital stays and the stress of illness may cause unexpected changes in my blood glucose.

During my hospital stay, I agree to:

1. Take full care of my insulin pump, including starting and stopping the insulin and making any changes needed to keep it working correctly.
2. Use my insulin pump in the hospital knowing the potential risk of:-
  - > high blood glucose levels (Hyperglycaemia)
  - > low blood glucose levels (Hypoglycaemia)
  - > diabetic ketoacidosis (DKA) infection
3. Change the infusion set every 48-72 hours or as needed for:-
  - > skin problems
  - > two blood glucose level reading greater than 15mmol/L in 4 hours
4. Provide my own supplies (including my brand of rapid acting insulin if not available through the CHSA Hospital Pharmacy Formulary).
5. Record all of my insulin pump infusion rates (e.g basal, meal related bolus doses and correctional bolus doses).
6. Have all my blood glucose levels checked regularly using the CHSA blood glucose meters and lancets, according to hospital policy. I understand I may use my own blood glucose meter if the accuracy of my glucose meter has been verified using the relevant policy and internal quality assurance glucose control testing samples. I will inform the nurse and/or doctor immediately if:-
  - > my blood glucose is low (less than 4mmol/L or you have 'hypo' symptoms)
  - > I have a problem with my insulin pump.
  - > I have two blood glucose level readings greater than 15mmol/L in 4 hours
  - > I feel like I can no longer can look after my insulin pump.
8. I understand that my insulin pump may need to be stopped and insulin may be given to me in a different way for any of the following:-
  - > radiology procedure
  - > changes in my conscious/mental state
  - > any other reason stated by my doctor, nurse practitioner or credentialled diabetes educator

If at any time I am unable to follow the above, I agree to have my pump discontinued and an alternative method of insulin administration used until I can safely self care.

The use of my insulin pump during my hospital stay has been explained to me and I have had the opportunity to ask questions. I understand the terms and at this time, I feel I am able to care for my insulin pump while in the hospital.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Patient/Carer Signature: \_\_\_\_\_

### Common Terms:

**Basal Rate:** maintains blood glucose when at rest (e.g. when not eating) and is responsible for 50-60% of the total daily dose of insulin.

**Meal Bolus:** used for main meals and in some instances, with snacks. The rate is based on the exchanges/grams of carbohydrate eaten (eg 1 unit of insulin per 6.0 grams of carbohydrate).

**Correctional Bolus:** the insulin sensitivity/ correction factor is programmed to correct hyperglycaemia (eg 1 unit of insulin will lower the BGL by 3.2 mmol/L).

**Blood Glucose Level (BGL) Target (or range):** the programmed BGL/BGL range that the insulin pump will correct to.

**Active Insulin Time (or Insulin on Board):** identifies how much insulin is remaining at the time of the next bolus. If insulin is remaining from the last bolus, this amount in units will be subtracted from the next correction bolus to avoid 'insulin stacking' and the risk of hypoglycaemia.