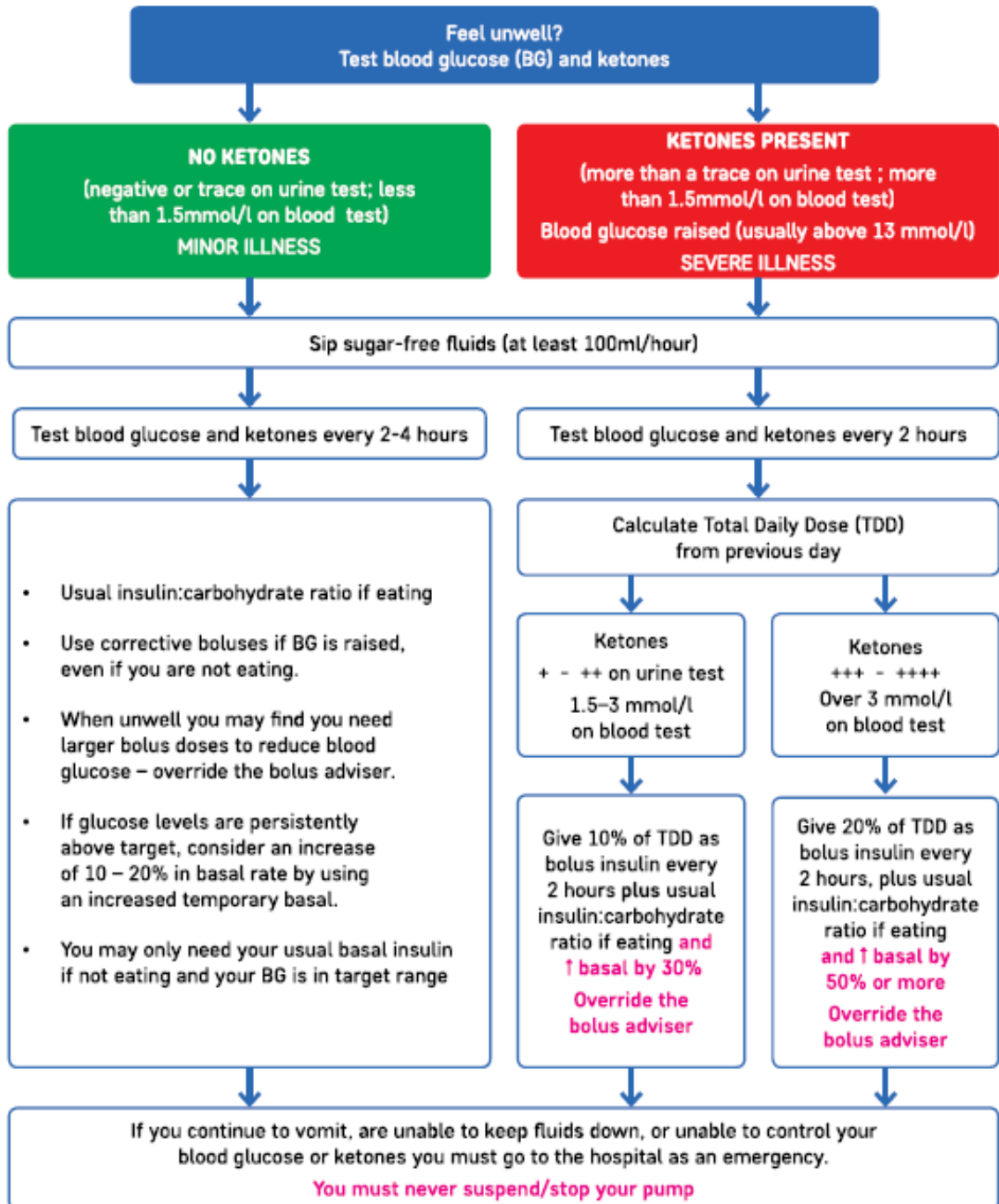


## How to manage Type 1 Diabetes during illness – If you are on an insulin pump



### Covid-19

Please note that early experience with Covid-19 suggests that greater increases in insulin doses may be required. In an emergency, please contact your clinical team for further support.

**You should try to explore the reasons for unexplained hyperglycaemia. Check below for possible causes.**

### **Infusion set**

- Is the tubing primed or filled with insulin?
- Is there air in the tubing?
- Did you remember to fill the cannula with insulin after inserting new set?
- Is the tubing connected to the cartridge / reservoir?
- Is the set connected to your body?
- Are there any leaks?
- Is the cannula dislodged or kinked?
- Has the infusion set been in longer than 2-3 days?
- Is there redness or discomfort at the cannula injection site?

### **Insulin Pump**

- Did you forget your last bolus?
- Have you received any recent alarms?
- Is your cartridge / reservoir / Pod empty?
- Is the date / time correct?
- Are your basal rates programmed correctly?
- Has the pump been suspended / Pod deactivated?
- Is Temporary Basal Rate running? (set too low / for too long?)

### **Insulin**

- Is your insulin expired / inactive?
- Has your insulin been exposed to extreme temperatures (hot or cold)?
- How long has the insulin been in the cartridge / reservoir or tubing (more than 2-3 days)?
- Did you bolus after eating?

### **Back up insulin pens / syringes.**

Ensure you have access to alternative means of insulin delivery – pens or syringes.

You should make sure you have both long and short acting insulin as back-up.

### **In the event of insulin pump failure:**

- The emergency basal insulin dose via pens / syringes would be the same as your total daily basal insulin on the pump. For example, if usually on 20 units per day via the pump use 10 units twice daily if using Levemir or 20 units once daily if using Lantus
- Your insulin carbohydrate ratio (for meals) and insulin sensitivity factor (for corrections) would be the same as on the pump.
- In the event of pump failure and not being able to access long acting insulin, you should check your glucose levels and give an injection of rapid acting insulin every 3 hours.

**For more detail about managing insulin pump therapy please see the [DTN Best Practice Guide for Insulin Pump Therapy](#) from which this guidance is drawn.**