



General pump back-up plan

Insulin pump failure, loss of the pump or running out of insulin pump consumables can happen at any time. Having a plan in place will help you manage your diabetes if any of these events occur. This plan is known as your **pump back-up plan**. Speak to your diabetes pump team (doctor or diabetes educator) about developing your own personalised **pump back-up plan**.

Here are a few suggestions to help you if you cannot use your pump:

- Re-order your pump supplies from your local pharmacy when you have a minimum of one month's supply left.
- Always carry your "Everyday Kit" with you when you are away from home.
- Plan in advance for the supplies you will need for holidays and trips away. This will include your **Everyday Kit**, **back-up plan kit** and enough supplies to cover the time you are away from home.

If your pump malfunctions

use your back up plan and call your pump manufacturer's hotline number to report the malfunction

If you are unable to obtain your pump consumables

and have run out, use your back up plan until products are available

Speak to your diabetes pump team to develop your own personalised pump back-up plan



Please remember!

When using insulin pump therapy, if your pump has stopped for any reason, your circulating insulin will fall rapidly, so your blood glucose level (BGL) will start to rise quite quickly.

Everyday kit

- Blood glucose test meter, strips, lancets and ketone testing strips (urine or blood)
- Spare pump battery, cannula, reservoir and your rapid acting insulin (including an insulin pen and pen needles in case your pump fails)
- Fast-acting carbohydrate for hypoglycaemia (low blood glucose) such as glucose tablets or juice
- Extra carbohydrate such as muesli or fruit bars
- Glucagon emergency kit (for severe hypoglycaemia)
- Infusion site preparation products (antiseptic wipes, skin adhesive)
- Phone numbers of your diabetes team and pump company in your phone

Back-up plan kit

- In-date ketone test strips (urine or blood)
- In date blood glucose strips
- Pen and pen needles or syringes for your insulin
- A pre-set dose from your endocrinologist or diabetes educator for your long acting insulin
- An in-date pen or penfill of long acting insulin such as Lantus or Levemir as prescribed by your diabetes team - you can ask for limited supplies from your pharmacy as most have a long expiry date. Keep your supply in the refrigerator



- Have a place, in your mobile phone for example, where you can record your pump serial number/brand, pump settings including correction factor, carbohydrate ratio, target blood glucose level (BGL) and dose for your long acting insulin. For young children, this information could be recorded on their diabetes management plan. Update this information regularly with your diabetes team

Contact your Pump Educator or Doctor if you are unsure about what to do. Please present to your local Emergency Department if you are unable to manage your blood glucose levels and have been unable to contact your diabetes team.

If you are without your pump or insulin pump consumables (IPCs)

Following these steps will reduce your risk of diabetic ketoacidosis (DKA). If ketones are present please refer to your sick day management plan

Short term (no longer than 1 day)

- Test your BGLs more frequently such as every 1 - 2 hours or as advised by your diabetes pump team
- Check for ketones if your BGL is 15mmol/L or higher. If ketones are present refer to your sick day management plan for further instructions or contact your diabetes pump team
- Give small doses of rapid insulin such as Novorapid/ Humalog or Apidra using your pen every 3 - 4 hours based on the carbohydrate ratio and your BGL until you are reconnected to your pump
- If your pump is still working you can use the bolus wizard/calculator to work out the dose based on your BGL and carbohydrate intake
- Be guided by your BGL as you may need more or less insulin depending on your BGL

Longer term (longer than 24hr period)

- You will need to revert to your pre-pump insulin plan
- Test your BGLs more often, especially in the first 24 hours, at least every 2 - 4 hours or as advised by your diabetes pump team
- Have a dose of long acting insulin such as Lantus or Levemir immediately
- You then need to have your rapid acting insulin at meal times, the same as you were doing prior to the pump and correct and BGLs above your target
- You should use your carbohydrate-to-insulin ratio, correction factor and target BGL to work out your dose of rapid acting insulin. Doses can be worked out with your diabetes pump team as part of your personalised plan
- You will need to alter the dose of rapid acting insulin depending on your BGLs
- Continue with the long acting insulin until you plan to reconnect to your pump. Discuss the timing of the reconnection with your diabetes team to reduce your risk of hypoglycaemia if your long acting insulin is still working

Reverting to Pump Therapy

You should wait 12 - 24 hours after your last dose of long acting insulin before reconnecting your pump. This will depend on the type of long acting insulin you have taken and should be in consultation with your diabetes team.

Be alert for highs and lows, testing your BGLs after 2 hours and then at least every 4 hours once you have reconnected and your BGLs return to your target range.

For more support...

Call Diabetes NSW on 1300 136 588 and speak to one of our Credentialed Diabetes Educators