

CHI no
 First name DOB / /
 Last name Sex: M F
 Address

or attach addressograph label here

Hairmyres Monklands Wishaw **NHS**
 Lanarkshire
 Ward:

Insulin Pump Daily Review Checklist

Date commenced: / /

If answering 'NO' to any questions below this should trigger discussion to review insulin pump treatment and temporarily convert to alternative MDI (basal bolus insulin) regime or DKA protocol if persisting blood ketones >1.5 mmol/L.

Date:										
Time:										
Questions	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1. The patient is willing and able to continue insulin pump treatment today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The patient's clinical condition is stable enough for the patient to self manage diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The patient's blood glucose levels are running generally less than 14 mmol/L?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The patient has tested for ketones when blood glucose levels were greater than 14 mmol/L?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The blood ketone levels are below 1.5 mmol/L?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The patient has sufficient supplies to continue with insulin pump (i.e. spare batteries, lines, reservoirs and infusion sets, blood glucose and ketone monitoring equipment?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The doctor/MINTS/HECT nurse completing this record to initial completed column and record page number.	Initials:									
	Pager:									



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Calculation of Alternative Basal Bolus (MDI) Regime for Insulin Pump Patients

- Record the last 2 days total daily insulin administered by pump device:
 $\boxed{} + \boxed{} = \boxed{} \div 2 = \boxed{\text{A}}$ i.e. Average Pump Total Daily Dose (TDD)
- Calculate 20% of the Average Pump TDD = $(\boxed{\text{A}} \times 20) \div 100 = \boxed{\text{B}}$
- Add value $\boxed{\text{A}} + \boxed{\text{B}} = \boxed{\text{C}} = \text{MDI regime starting TDD}$
- 50% of the MDI regime starting TDD should be given as basal insulin e.g. LEVEMIR and 50% of the MDI regime starting TDD should be given as mealtime insulin e.g. NOVORAPID or HUMALOG.
- The basal insulin for MDI regime should be given split again 50:50 at 8am and 10pm e.g. if the MDI regime starting TDD is 48 units, 24 units should be basal insulin and of this 12 units should be given at 8am and 12 units at 10pm. Basal insulin will be LEVEMIR flexpen for most patients.
- A starting guide for mealtime doses on MDI regime using e.g. HUMALOG Kwikpen or NOVORAPID flexpen insulin would be to calculate 50% of the MDI regime starting TDD, then divide the number into 3 equal mealtime doses, e.g. using the example if the MDI regime starting TDD is 48 units, 24 units should be mealtime insulin and this means 8 units before each meal. Skilled insulin pump patients should be allowed to alter such prescribed meal time doses depending on glucose levels at mealtimes and food eaten. Nursing staff should be supported to record actual dose taken by patient.

Insulin for Alternative MDI Regime and Starting Doses

Date: / /

Basal Insulin	Name	Device	Dose	Administration Times	
				units	8am

Meal Time Insulin	Name	Device	Dose	Administration Times			
				units			