

Using Diabetes Devices in the Hospital

If you use devices like an insulin pump or continuous glucose monitor (CGM) at home, this handout will help you decide if it is safe to continue in the hospital or for tests/procedures. It explains what staff expect of you and what you can expect from staff. Please tell staff if you do not want to use your diabetes device(s).

What We Expect of You

Manage Your Pump and/or CGM

- You must be able to use your pump/CGM without help from staff.
- You must be able to review pump settings like basal rates, bolus doses, and correction doses. If changes are needed, the team will help to decide what changes are best, but we will rely on you to make the changes to your pump settings.
- You must let us know how you correct or treat your high blood sugars.
- You must let us know about changes you make to your pump settings. We need to record the doses of insulin you give.

Provide Pump/CGM Supplies

- You must provide all of your device supplies. If you do not have pump supplies, we will likely need to remove your pump. Insulin injections can be given or an intravenous (IV) infusion started. If you do not have extra sensors, we will check blood sugars with our hospital glucose meter.
- We can provide insulin for your pump. Talk with your nurse and/or pharmacist about this.

- If you remove a sensor for a test and will leave the hospital after that, you should use your own home glucose monitor until able to apply a new sensor.

Change Infusion Site/CGM Site

- You must be able to change your pump site without help from staff. If you change your site more or less often than every 2-3 days, let staff know.
- You must be able to change your CGM site based on brand of sensor you use (usually every 7-14 days).

Let Staff Check Your Blood Sugars

- You must allow us to check your blood sugars using our hospital blood glucose meter. These meters are checked every day for accuracy. The results are also recorded so that all staff are aware of the results.
- You may use your own lancet device if you prefer.

Count Carbohydrates (“Carbs”)

- If you count carbs, tell staff what insulin to carb ratios you use. If the ratio varies during the day, let us know.
- If you do not count carbs at home, you do not need to do so in the hospital.

Troubleshoot

- You must be able to deal with pump and/or CGM problems. You should at least know the toll free 1-800 phone number for the device company. If the problem cannot be fixed, let staff know right away so

that we can help to figure out the next step.

Talk With Staff

- You must be willing to talk with staff about your pump. Some staff, like those helping with x-rays, other tests, and surgery, may not know that you use a pump and/or CGM. They need to know in order to provide safe care.
- You must let staff know about changes you plan to make with your pump settings.
- You must let staff know if you do not have enough supplies to keep using your device(s).
- Ask questions if you have any!

What to Expect from Staff

Checking for Safe Use

We will ask you questions about your pump.

Questions will include:

- How often do you change your infusion site?
- What type of insulin do you use?
- How is your insulin programmed?
- How much insulin do you give to cover meals? What about snacks?
- How do you manage your high and low blood sugars?
- What do you do if you think the pump is not working?

Each day, nurses will ask how much insulin you give for food and high blood sugars. They will also ask about your pump settings. This will be entered in your chart.

Staff will also watch for any changes in your condition that could impact safe use of your pump.

Check Your Blood Sugars

- Staff will check your blood sugar 2 or more times a day.
- If your blood sugar is high or low, staff will help to find a cause. If the blood sugars stay high or low, you may need to stop using your pump. Insulin can be given using syringes or an intravenous (IV) infusion.
- Even if you are using a CGM, staff will check blood sugar levels with the hospital glucose meter.

Look at Your Pump/CGM Sites

Staff needs to look at your infusion and/or CGM site. They need to look for signs of infection or other skin problems.

Tests and Procedures

X-rays, CT, MRI, PET Scan (or Other Tests Using Magnetic Fields)

These tests can damage diabetes devices. Your CGM may no longer give accurate readings after being exposed to radiation or magnetic fields. Your insulin pump may no longer work or may not work properly.

Unless the device manufacturer reports exceptions for specific procedures, **we will ask you to remove or disconnect your device(s).**

Before the test, you will be asked to disconnect or remove your pump and/or CGM. It should be kept outside of the testing room. UW Health cannot replace your sensor, infusion set, or pod if removed. The device company may do so; contact them to ask. If possible, consider scheduling your test on a day you plan to do a site change and/or bring new supplies with you.

Staff helping with these tests may not be able to answer your questions about your device(s). Please contact the device manufacturer or provider who ordered the pump/CGM.

Surgery

Talk with your team about whether it is safe to keep your pump and/or CGM on during surgery. It may be possible if the surgery is less than 2 hours. If your pump needs to be removed for more than 1-2 hours, you may need insulin injections. In some cases, an intravenous (IV) infusion will be needed. Staff will discuss this with you.

Prioritize Your Safety and Health

Our priority is your health and safety. If it is no longer safe for you to keep using your diabetes device(s), you or staff will need to remove them. Reasons could include:

- You need a test/procedure or surgery.
- You are no longer able to use the pump/CGM without help from the team.
- You have high blood sugars that cannot be managed using the pump.
- You have repeated low blood sugars.
- You do not tell us about the insulin you are giving.

Please let us know if you have any questions or concerns.

