Health Facts for You

UWHealth

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, you 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.
- If you remove your insulin pump and will leave the hospital after that, you should talk with the team about an insulin plan if your pump will be off for more than 1 hour.

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 7-15 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.

Troubleshooting
You must be able to deal with pump and/or CGM problems or at least know how to contact 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 Your Blood Sugars

- Staff will check your blood sugar with the hospital glucose meter.
- Even if you use a CGM, staff will check your blood sugar with the hospital glucose meter at least daily to validate or confirm the accuracy of your device.
- If your blood sugar is 400 mg/dL or higher or less than 70 mg/dL, CGM readings cannot be used. If the blood sugars stay high or low, you may need to stop using your pump. Insulin can be given using syringes, pens, or through an IV (intravenous).

Looking at Your Pump/CGM Sites
Staff will look at your infusion and/or CGM site. They need to look for signs of infection or other skin problems. Be sure to tell your nurse when you change your site or when you place a new sensor.

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?
- Are you using auto or manual mode?
- Do you give insulin to cover meals? Snacks?
- How do you treat 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 was given during the previous day ("total daily dose"). They also need to know how much insulin is given for food and high blood sugars. They will also ask about your pump settings.

Our priority is your health and safety. Staff will watch for any changes in your condition that could impact safe use of your devices. 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.
- 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.

Tests and Surgery

X-rays, CT, MRI, PET Scan, Radiation
These tests (and others that involve x-ray imaging or radiation) 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.

Some CGM device manufacturers allow exceptions for specific procedures. If you can keep the device on, make sure to place or move the device so it is not directly exposed during imaging. After the test, confirm your device is working correctly. Check that it is powered on, with correct settings, time, date, and there are no error messages or alerts.

If you need to disconnect or remove your device, you will be asked to do this before the test. The device should be kept outside of the testing room. **If possible, consider scheduling your test on a day you plan to do a site change and/or bring new supplies with you.**

If you choose to keep your device on despite manufacturer or medical staff guidance to remove, UW Health cannot provide replacements. The device company may do so; contact them to ask.

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 3 hours or less and if no tests or radiation happen during surgery. 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.

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

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911.Copyright © 6/2025. University of Wisconsin Hospital and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7012

Patient Log for Insulin Pump/CGM Use in the Hospital

Please help us to keep track of how much insulin you are getting through your pump. If you use a CGM, let us know your CGM readings and when you change your CGM site. It is most helpful to know what the CGM readings are when fingerstick checks are done by the staff.

Brand/model of insulin pump: _____ Type of insulin: _____
Current infusion site started on _____ (date) Site change due:_____

Brand/model of CGM: _____
Site change due: _____ / _____ Site change done: _____ / _____

Insulin doses

- **Total Daily Dose:** This is the total amount of insulin given yesterday. The nurse will ask you for this total every day. You should be able to find this amount in the "History" or "Options>History>Summary" or "Records" menu based on the brand of the pump you use. Ask for help if you can't find it.
- **Bolus doses:** These are the doses you give for meals or to correct high blood sugars.

Date	Time	CGM reading	POC glucose (fingerstick)	Insulin Dose (bolus doses and total daily dose)	Comments

Patient Log for CGM Readings in the Hospital

Please let us know your CGM readings and when you change your CGM site. It is most helpful to know what the CGM readings are when fingerstick checks are done by the staff.

Brand/model of CGM: _____
Site change due: _____ / _____ **Site change done**: _____ / _____

Date/ time	CGM reading	POC glucose (fingerstick)		Date/ time	CGM reading	POC glucose (fingerstick)