

## SHOULD I START AN INSULIN PUMP?

Defined: A pump occlusion is blocked delivery of insulin.

### Signs & Symptoms of a Pump Occlusions

- If you notice insulin dripping on the outside of your site onto your skin, or if you smell insulin coming from the site area
- If you gave an insulin correction without consuming food and your blood glucose remains high or goes up higher after 1-2 hrs
- If you feel nauseated and/or vomiting
- You may not have any signs other than elevated BG

If any of the signs or symptoms above has occurred, **immediately check your glucose and ketones** and follow the proceeding steps (*you may also refer to the Ketones and DKA handouts*):

- 1) Take an injection of rapid-acting insulin with a syringe or insulin pen. **DO NOT USE YOUR PUMP**. The amount of insulin used for correction should be the same amount you would use as recommended by your insulin pump. Contact your diabetes care team for specific guidelines for insulin doses, especially when ketones are present (you may need extra insulin if ketones are present, or if needing to switch to insulin injections).
- 2) Change out the **ENTIRE INFUSION SET** (new POD or new reservoir, infusion set, tubing, and insulin). Troubleshoot your pump. (Look for occlusions (bubbles in tubing, kinks in cannula, etc.). Check to be sure your insulin has not expired, or has not been out in extreme temperatures. Sometimes replacing insulin vials is necessary. If help is needed with troubleshooting your pump, call the 24 hour Product Help Line located on your pump or contact your healthcare provider.
- 3) After 1 hour, monitor your blood glucose to determine if reading is coming down. Check again to see if ketones are present.
- 4) If nausea or vomiting occurs and ketones are present, contact health care provider/diabetes care team and go to the emergency room.

### Emergency Contacts

**Texas Children's Pediatric Endocrinology: 832-822-3670 option "0"**

**Texas Children's Pavilion for Women: 832-826-7500**