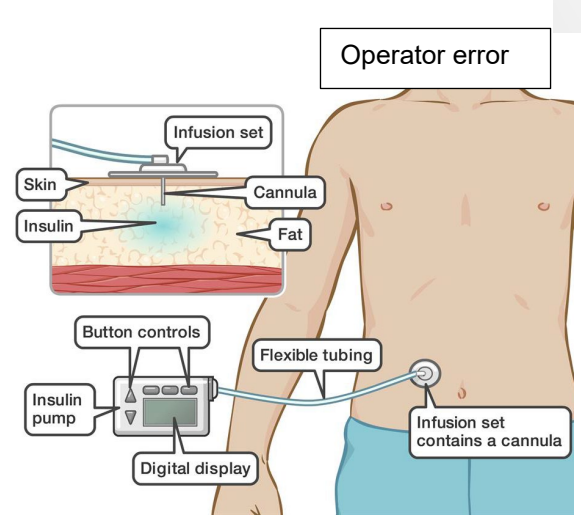




Checklist when you encounter hyperglycaemia on your child's insulin pump

POSSIBLE PROBLEM	TROUBLESHOOTING	CHECKLIST <input checked="" type="checkbox"/>
Site	Lipoatrophy (lumpy)	<input type="checkbox"/>
	Bleeding or infection (pus) or redness	<input type="checkbox"/>
	Allergy (redness, swelling)	<input type="checkbox"/>
	Dislodged	<input type="checkbox"/>
Tubing	Kink or crack	<input type="checkbox"/>
	Air or bubble	<input type="checkbox"/>
	Occlusion	<input type="checkbox"/>
Insulin	Lost efficacy	<input type="checkbox"/>
Mechanical pump error	Technical fault with your child's insulin pump	<input type="checkbox"/>
Setting error	Pattern of high blood glucose developing	<input type="checkbox"/>
Operator error	Missed dose	<input type="checkbox"/>
	Carb entry error	<input type="checkbox"/>



Tip: Think logically, think from the skin backwards

1. Check for ketones if the BG is >15 mmol/L twice in a row or if there are symptoms of ketones such as, stomach ache, nausea or vomiting
2. If blood ketones are **above >1.5 mmol/l or > ++ ketones on urine strips** extra insulin will need to be **injected** to clear the ketones
 - Ketones on a pump **MUST** be cleared with **MANUAL** injections (ketones **CANNOT** be cleared through the pump)
 - Once the ketones have cleared <1.5 mmol/l or are less than ++ the patient must change the insertion site, and do a bolus through the new insertion to verify that the new site is functional and resume long-acting insulin delivery.
3. If ketones are **negative**
 - Get the patient to check their pump, infusion set and site
 - Recommend that they give a correction dose via the pump then re-check in 1 hour
 - If the blood glucose is not lower after pump correction change the set, do a correction and re-check in 1 hour to verify that the new set is working.
 - New sets do not guarantee insulin delivery, normal blood sugars do



Tip: When in doubt, change it out