It's Just an Insulin Pump! The Top 10 Questions Asked by Staff Nurses

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1. What is an Insulin Pump?

It is an external, pager-sized device that allows the wearer to receive continuous rapid acting insulin infusion in two ways: (1) basal; programmed rates for set periods during 24 hr. cycles (2) bolus; a pump calculated dose for food and/or correction for high blood glucose.

This simulates a functioning pancreas and the insulin delivery is closer to natural demand.

2. What does an insulin pump look like?

It looks similar to this concept drawing, but smaller. Most pumps use infusion sets with an introducer needle (which gets removed) and a cannula remains. One brand of pump is tubeless and reservoir changes. We try to have a stock of supplies for Medtronic and Omnipod pumps, if needed.

3. Why does the basal rate change?

Unlike long acting insulin, the pump can be programmed with differing amounts of basal delivery throughout the day. Basal insulin needs vary throughout the day and over one’s lifetime. Needs change with a person’s circadian rhythm of basal delivery throughout the day. Basal insulin needs vary throughout the day. Unlike long acting insulin, the pump can be programmed with differing amounts of basal delivery throughout the day. Basal insulin needs vary throughout the day and over one’s lifetime. Needs change with a person’s circadian rhythm of basal delivery throughout the day.

4. What do pumps mean for the bedside RN?

Chances are you will see more of your diabetic patients in the future using pumps for insulin delivery. This could make your work lighter as the pump will calculate doses that include corrections as well as carb ratios. No med errors!! If you question how it works, the patient can explain each step to you and you can observe the process, even watching the insulin being delivered via the screen on the pump. It is possible to see just how many units were for carb and how many for correction, as well as how many carbs choices were calculated by the patient.

5. Is an order needed to use the pump while in the hospital?

Currently, there is no order set, but it is often noted in MAR in the insulin/brand box and it states “insulin via patient’s pump”. There is a waiver for the patient to sign found under “Patient Supplied Medical Equipment, Use of During Hospitalization” in EPIC.

6. What does the RN need to document?

At the present time, there is no policy or procedure about this and it causes confusion. BUT, MORE ON THIS WILL BE COMING SOON!!! A newly formed EPIC Insulin Task Force is charged with identifying needs and developing the policy and procedure for orders and documentation by various disciplines. This could be ready to be implemented by Fall of this year!

7. Who can use their pump in the hospital?

Most pumpers prefer to use their pump at all times as it is security ready to be implemented by Fall of this year! Chances are you will see more of your diabetic patients in the future using pumps for insulin delivery. This could make your work lighter as the pump will calculate doses that include corrections as well as carb ratios. One brand of pump is tubeless and reservoir changes. We try to have a stock of supplies for Medtronic and Omnipod pumps, if needed.

8. What if radiologic tests are ordered?

Insulin pumps need to be disconnected before most x-ray, CT or MRI type procedures, especially if the pump cannot be properly shielded. It can be reconnected after, but should be stored away from the area while testing is completed. It is usually not necessary to suspend the pump. This can be handled easily by the patient unless they are not conscious, etc. During weekday scheduled hours of 0800-1630, the Diabetes Educator at the hospital can be contacted at ext. 59609 to assist.

9. Can a pump be worn during surgery?

It will be up to the attending physician and anesthesiologist. Depending on the length of a surgery or erratic nature of the patient’s blood glucoses prior, an insulin drip may be preferred. Check ahead of time.

10. How can the Diabetes Educator help?

Please consider a referral anytime a patient is admitted with an insulin pump. We can help by 1) Assessing if the patient is competent to use the pump while hospitalized 2) Review and record the current pump settings 3) Connect with the RN to answer any questions or concerns and identify a schedule for site and reservoir changes. We try to have a stock of supplies for Medtronic and Omnipod pumps, if needed. Got more questions? DON’T PANIC! Call us at 59609.

References

