FORM ON TRIAL
OCT - DEC 2016

ST VINCENT'S HOSPITAL
SYDNEY

Subcutaneous Insulin Pump Settings Chart

MRN			SURNAME
GIVEN NAME(S)			
DOB	SEX	AMO	WARD/CLINIC

(Please enter information or affix Patient Information Label)

ALERTS

- Patient to self-manage pump according to the parameters below.
- Do not expose pump to X-Ray, CTscan, MRI - advise patient to suspend pump, REMOVE and ensure it remains outside of the procedure room.
- Suspending pump for more than 2 hours may lead to DKA, contact Endocrine Registrar (page 6810 or Consultant on-call via Switchboard ext. 59) for an alternative subcutaneous insulin dose **before** pump is removed.

Pump Make / Model: Insulin Type:

	On Admission Date/Time:			Adjustment Date/Time:			Adjustment Date/Time:		
Insulin to Carbohydrate Ratio (ICR)	Time	Insulin	Carbohydrate	Time	Insulin	Carbohydrate	Time	Insulin	Carbohydrate
	-	units	g	-	units	g	-	units	g
	-	units	g	-	units	g	-	units	g
	-	units	g	-	units	g	-	units	g
Insulin Sensitivity Factor (ISF)	Time	Insulin	Blood Glucose	Time	Insulin	Blood Glucose	Time	Insulin	Blood Glucose
	-	units	mmol/L	-	units	mmol/L	-	units	mmol/L
	-	units	mmol/L	-	units	mmol/L	-	units	mmol/L
	-	units	mmol/L	-	units	mmol/L	-	units	mmol/L
	Active Insulin Time:			Active Insulin Time:			Active Insulin Time:		

BGL Targets	Time	Target	Time	Target	Time	Target
	-	mmol/L	-	mmol/L	-	units/hr
	-	mmol/L	-	mmol/L	-	units/hr
	-	mmol/L	-	mmol/L	-	units/hr

Basal Infusion Rates	Time	Insulin	Time	Insulin	Time	Insulin
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	-	units/hr	-	units/hr	-	units/hr
	MO / DE Name:		MO Name:		MO Name:	
	MO / DE Signature:		MO Signature:		MO Signature:	

Temporary Basal Rates

Date: / /	Time:	Percentage %	Duration (hrs)	MO Name:	MO Signature:
Date: / /	Time:	Percentage %	Duration (hrs)	MO Name:	MO Signature:
Date: / /	Time:	Percentage %	Duration (hrs)	MO Name:	MO Signature:
Date: / /	Time:	Percentage %	Duration (hrs)	MO Name:	MO Signature:

Set Change

Infusion sets should be changed every 3 days:

Date of last set change: / / Date of last set change: / /

SUBCUTANEOUS INSULIN PUMP SETTINGS CHART

P438.5

BINDING MARGIN - NO WRITING
St Vincent's Hospital Sydney Limited
ABN 77 054 038 872

SV016*****