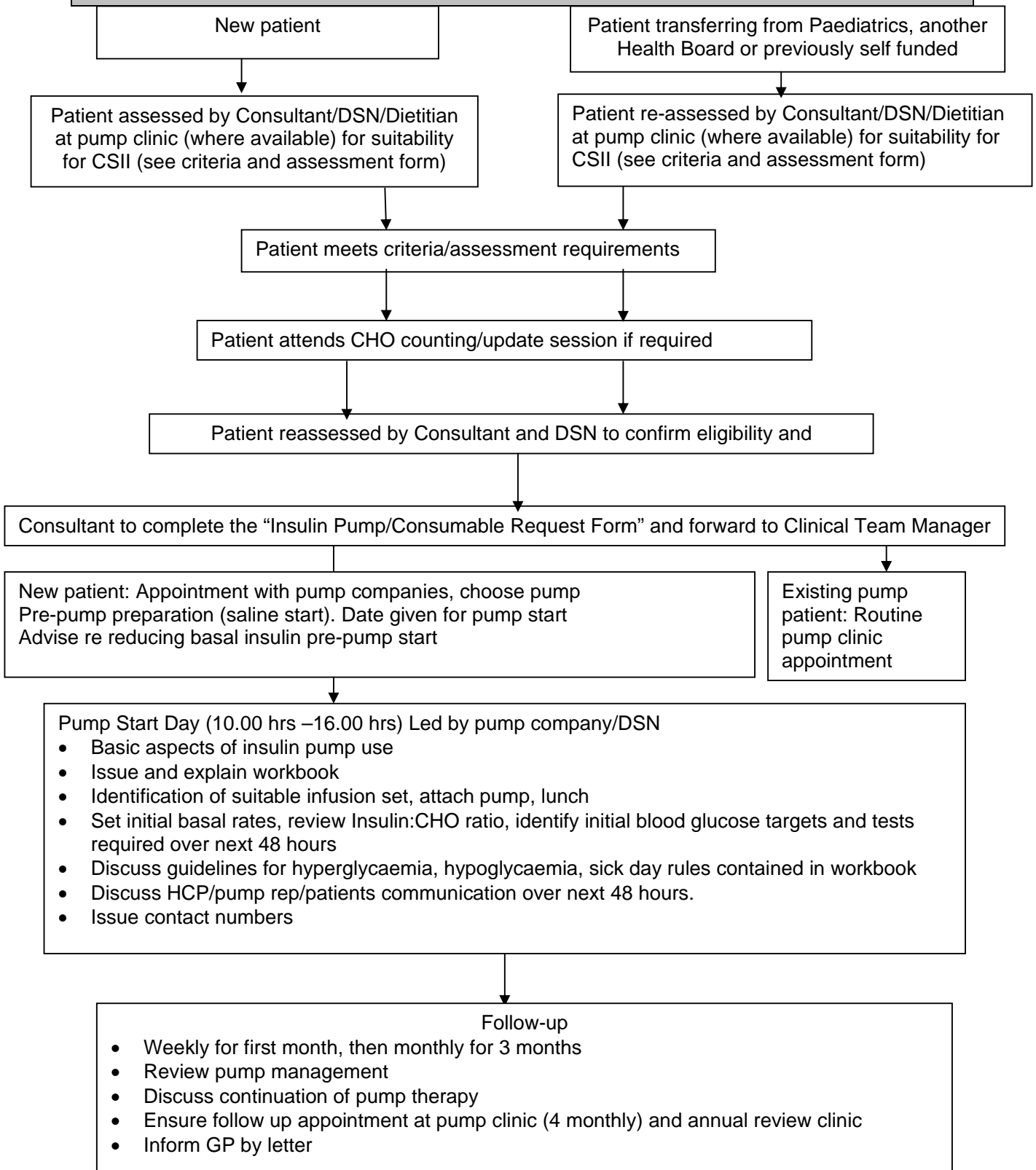


# NHS Tayside Diabetes Managed Clinical Network

## Insulin Pump (CSII) Protocol for Adults



## Eligibility Criteria

1. Patient has Type 1 Diabetes
2. Patient has tried a multiple daily injection (MDI) regimen for at least a six-month period. A MDI regimen may be a classical basal bolus insulin regimen (usually x4/day) or may, when appropriate, include the use of insulin glargine.
3. As part of the multiple daily injection regimen, patients must show commitment to adopting an intensified insulin regime. This involves attending structured education sessions relating to how insulin works in relation to food intake and how to adjust insulin doses according to dietary choices and lifestyle (TIM programme). If it is not appropriate for the patient to attend group sessions one to one sessions with DSN and dietitian can be arranged. In addition, patients must show a commitment to perform home blood glucose monitoring at least 4 times per day.
4. If after a four-month period of MDI, patients still have disabling hypoglycaemia (grade 3-4) requiring external assistance, or have failed to achieve optimal control (with HbA1c > 8.5%) they may be considered for intensification of diabetes control therapy that may involve pump therapy.
5. It will be made clear to patients at the outset that insulin pump therapy will be initiated for a trial of six months in the first instance. It will be made clear that the commitment to self-control, as outlined above for MDI treatment, is also essential for continued pump use. It will be made clear that goals will be set at initiation and that the trial of pump therapy may be discontinued after six months if the goals are not met in terms of concordance with therapy, glycaemic control, or hypoglycaemia. Experience shows that, in some patients, pump therapy is found to be inappropriate soon after starting treatment. Pump therapy will therefore be reviewed regularly within the first six months and can be discontinued at any time during this period.
6. There is no specific need for the patient to be formally reviewed by a Clinical Psychologist.
7. The patient is required to demonstrate commitment to and competence in the effective use of the therapy.
8. There should be no significant concurrent history of depression, alcohol or drug abuse.
9. As part of the intensive insulin treatment service, a comprehensive audit of the achieved outcomes of all people on pump therapy will be initiated.

Patients transferring to another area/Health Board should be given 3/4 months consumables to cover the interim period. It is also advisable for the Consultant to refer patient to the local diabetes team to ensure there is not a gap in care

**May 2009**

**NHS Tayside Diabetes Managed Clinical Network**  
**Insulin Pump (CSII) Assessment Form**

**Name** .....

**CHI No** .....

**Address**.....

**Date** .....

**Referred by** .....

**Age** ..... **Diabetes Duration** .....

**Type** .....

**Current Regimen for Glycaemic Control**.....

.....

**Attended TIM/CHO counting sessions**.....

**Glycaemic Trends/ HbA1c**.....

**Described by patient as** .....

**Home Blood Glucose Monitoring Trends**

<b>Pre-Breakfast</b>	<b>mmol/L</b>	<b>Post-Breakfast</b>	<b>mmol/L</b>
<b>Pre-Lunch</b>	<b>mmol/L</b>	<b>Post-Lunch</b>	<b>mmol/L</b>
<b>Pre-Tea</b>	<b>mmol/L</b>	<b>Post-Tea</b>	<b>mmol/L</b>
<b>Pre-Bed</b>	<b>mmol/L</b>	<b>Post-Bed</b>	<b>mmol/L</b>

**Frequency of Home Blood Glucose Monitoring**.....

**Hypoglycaemia**

**Frequency**.....

**Warning Signs and Symptoms**.....

**Episodes Appropriately Treated**      YES/NO

**DKA**

**Frequency**.....

**Precipitants**.....

**Exercise/Physical Activity**.....

.....

**Identified Self-Care Diabetes Management Issues**.....

.....

**Medical History/Medication/Known Allergies.....**

.....

**Known Complications of diabetes.....**

**Social History**

Social Situation.....

Occupation.....

Alcohol.....

Smoking.....

**Knowledge Base Regarding CS11**

Option of CS11 Suggested by.....

Expectation of CS11.....

.....

**Information supplied regarding the: -**

- Physiology of CS11
- Assessment process
- Education programme
- Funding

**Positive & Negative aspects of insulin pump treatment discussed including:-**

- Need to wear the pump 23/24hrs
- Risks associated with elevated blood glucose levels including DKA
- Hypoglycaemia
- Frequency of home blood glucose monitoring
- Body image
- Wearing an insulin pump
- Management of change
- Written information regarding pump therapy supplied

**Further Comments.....**

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**Action Plan**

## **NHS Tayside Managed Clinical Network Insulin Pump Service Framework for Patient Assessment**

1. Joint assessment to be undertaken by DSN and dietitian to ensure that all previously given education has been understood by the patient. The assessment would include: -
  - Patient knowledge base of diabetes self-management
  - Evidence of motivated self-management
2. Provision of information regarding all aspects of insulin pump therapy including:-
  - Practicalities of pump therapy
  - Self management required
  - Different pumps available
  - Positive/negative aspects of pump use
  - Funding
3. The completed action plan to be discussed with referring Consultant and the decision made regarding suitability for pump therapy. If pump therapy is recommended refer to insulin pump protocol. If not recommended at this point DSN/dietitian to review as required.