



Careful assessment of RISK should be carried out on admission of a patient, using an insulin pump device, to an inpatient unit.
ALWAYS consult with a Diabetes Specialist Nurse (or the local acute trust out of hours) before prescribing an insulin pump device.

Establishing the prescribing information for the patients' insulin pump:

1. Undertake **full medication reconciliation** at admission to inpatient unit **including consideration of risk** of self-harm and capacity to manage own insulin pump device.
2. Establish and document the following information in the patients Electronic Patient record (EPR):
 1. Short acting insulin used in the pump
 2. Average total daily dose insulin receives via basal and meal-time boluses, from patient (or the pump settings)
 3. Blood glucose monitoring arrangements e.g. integrated pump continuous glucose monitoring
 4. Ensure patient has brought into hospital (or can access from family or carers) sufficient supplies of equipment related to pump (e.g. spare batteries, lines, reservoirs and infusions sets, continuous glucose monitoring equipment / sensors)
 5. Use "sick day rules" to manage raised glucose levels due to illness or stress (see appendix 5 of [Diabetes management for inpatient guidelines](#))
 6. Emergency insulin regimen that patient advised to use if pump fails e.g. basal-bolus
3. Contact acute trust **Diabetes Specialist Nurse team** (or the local Acute Trust, if patient is admitted outside of normal working hours) to obtain guidance for ongoing use of insulin pump during the inpatient admission; as per [Diabetes management for inpatient guidelines](#)
4. It is best practice to obtain **written instructions from the Diabetes Specialist Nurse** (or Acute Trust Hospital) which can be recorded in the Electronic Patient Record (EPR)

IMPORTANT:

If insulin delivery via a subcutaneous pump is interrupted (e.g., removal or blocked cannula, pump failure or damage), an alternative insulin source **must** be provided. As pump insulin is very *short-acting*, any interruption can rapidly lead to **hyperglycaemia** and **ketoacidosis**. A basal-bolus regimen is preferred alternative, and insulin should be initiated within **one hour**.

What is an insulin infusion pump?

Small, electronic device that delivers insulin continuously throughout the day and night. These pumps can be programmed to release small amounts of insulin at regular intervals while also allowing users to administer bolus doses when eating or correcting high blood glucose.

There are two main types of insulin pumps:

• **Tethered Pumps**

These have a small tube connecting the pump to a cannula inserted under the skin. The pump itself can be carried in a pocket or clipped to clothing.

• **Patch Pumps**

These are applied directly to the skin and do not have external tubing.

Use of insulin pumps on an inpatient unit should only be done after consultation with a Diabetes Specialist Nurse (or – if out-of-hours – the local Acute Trust) and in a patient who is both **not at risk of self-harm** and who **has capacity** to manage their own insulin medication.

1. Insulin pumps can only be prescribed on the paper Variable

-   14-Jan-2026 **Insulin pump check Flasp** - vial - **DOSE 1** **check** - subcutaneous - in the MORNING - insulin pump check Started 

- Check hypoglycaemia flowchart within trust policy, if blood sugars are $< 4\text{mmol/L}$.
- Remember to rotate infusion sites and avoid administering insulin repeatedly into the same site
- Record administration on paper chart and EPMA
- See paper insulin chart for dosing instructions
- Insulin pump daily checklist

insulin pump check Flasp

FORM: vial
DOSE: 1 check — in the MORNING
ROUTE: subcutaneous
INDICATION: insulin pump check
Prescriber: [REDACTED]
Start: 14-Jan-2028 09:00
End: Ongoing
Supply: Unknown

Notes / Instructions	Prescriber / Pharmacist	Safety Warnings	Administration Guidance

-  18-Jan-2026 **Medtronic Guardlan 4 Sensor** - sensor - **DOSE 1 sensor** - to replace existing sensor weekly - **ONCE a WEEK** Awaiting Admin 