# INSULIN PUMP BACKUP PLAN

## BE PREPARED!

- Keep long-acting (basal) insulin in the refrigerator. Replace opened vials after 28 days.
- Store supplies (syringes or insulin prn and needles) to inject basal insulin ad rapid-acting insulin.
- Keep a copy of pump settings:
  - Blood glucose targets
  - Basal rates
  - Carb ratio (carbohydrate to insulin ratio)
  - Correction factor

## WHEN STUDENT'S PUMP IS NOT WORKING:

- Stop the pump and disconnect the tubing and infusion set.
- Start your backup plan, depending on how long you expect to be off the pump.
- Call the pump company customer service number or helpline to report the pump failure. Find out when a new pump can be delivered

## IF THE STUDENT WILL BE OFF THE PUMP LESS THAN 3 HOURS:

1. Check blood sugar.
2. If blood sugar is above target, inject rapid-acting insulin according to the correction factor.
3. If a meal is eaten inject rapid-acting insulin according to the carb ratio.

## IF THE STUDENT WILL BE OFF THE PUMP MORE THAN 3 HOURS:

1. Check blood sugar every 4 hours.
2. Add up the basal insulin that will be missed over the next 4 hours.
3. Inject the amount of rapid acting insulin equal to the amount of basal insulin missed. Repeat this process every 4 hours until it starts on the pump.
4. If blood sugar is above blood sugar target, inject rapid acting insulin according to the correction factor.
5. With each meal, inject rapid acting insulin according to the carb ratio.
6. If a student will be off the pump overnight or more than one day and there is no long-acting insulin: set an alarm to check blood sugar and take the rapid actin insulin every 4 hours overnight.

## IF THE STUDENT WILL BE OFF THE PUMP OVER 24 HOURS USE LONG ACTING INSULIN:

1. Check blood sugar every 4 hours
2. Using basal rates, calculate 24-hour total basal insulin.
3. Inject an amount of long acting insulin that is equal to 24 hours total basal insulin at bedtime as one dose or divide into two doses (inject half in the morning and half at bedtime).
4. If blood sugar is above blood sugar target, inject rapid acting insulin accordingto the correction factor
5. With each meal, inject rapid acting insulin according to the carb ratio

## DEVICE OPERATION MANUALS

Omnipod Handbook: https://www.omnipod.com/sites/default/files/2021-04/Omnipod-System_User-Guide_English.pdf
Omnipod DASH Handbook: https://www.omnipod.com/sites/default/files/2021-04/Omnipod-DASH_User-Guide_English.pdf
T:slim user guides: https://support.tandemdiabetes.com/hc/en-us/articles/1500011388262-User-Guides
Medtronic devices user guides: https://www.medtronicdiabetes.com/download-library
Dexcom user guides and tutorials: https://www.dexcom.com/guides
Freestyle Libre video tutorials: https://www.freestyle.abbott/us-en/support.html
Glucagon information:

Baqsimi: https://www.baqsimi.com/
Gvoke: https://www.gvokeglucagon.com/
Glucagen Hypo Kit: https://www.glucagenhypokit.com/
Zegalogue: https://www.zegalogue.com/

**FOR MORE FREE RESOURCES FOR HEALTHCARE PROFESSIONALS AND STUDENTS CONTACT:**

Diabetes Foundation

info@diabetesfoundationinc.org
(201) 444-0337 x202
diabetesfoundationinc.org

# INSULIN DOSING WORKSHEET - SLIDING SCALE

**Student:**

_____

**Insulin to carbohydrate ratio**

1 unit: _____ grams carbohydrates

**Sliding scale**

If pre-meal blood sugar is over _____ use sliding scale

## CALCULATE INSULIN DOSE FOR FOOD

- Add up all the carbohydrates in your meal
- Divide the total carbohydrates by the insulin to carbohydrate ratio
- The result is the amount of insulin units needed

Total carbs _____

÷ insulin to carb ratio _____

= units of insulin needed ☐

+

## SLIDING SCALE TO CORRECT HIGH BLOOD SUGAR

This is the amount of insulin needed to correct high blood sugar:

| Blood sugar at meals: | Blood sugar at bedtime: |
|---|---|
| _____ to _____ = _____ | _____ to _____ = _____ |
| _____ to _____ = _____ | _____ to _____ = _____ |
| Over _____ = _____ | Over _____ = _____ |

= units of insulin needed ☐

=

## CALCULATE TOTAL INSULIN DOSE

Add the number of units needed for food to the number of units needed to correct blood sugar to get your total dose of insulin (Humalog/Novolog/Apidra).

| Food insulin | + | Correction insulin | = | Total insulin |
|---|---|---|---|---|
| _____ | + | _____ | = | _____ |

## DAILY PLAN

| Time | | Insulin for food | | | | Correction insulin | | Total insulin (units) |
|---|---|---|---|---|---|---|---|---|
| Meal | Time | Total carbohydrates (g) | | Food formula (carb count/ carb ratio) | Food insulin calculated (units) or set dose | Blood sugar (BS) level | Sliding scale correction insulin calculated (units) | Food + correction insulin (units) |
| Breakfast | | | | -------- | | BS*: *BS required | | |
| Morning snack | | | | -------- | | | | |
| Lunch | | | | -------- | | BS*: *BS required | | |
| Afternoon snack | | | | -------- | | | | |
| Dinner | | | | -------- | | BS*: *BS required | | |
| Bedtime | | | | -------- | | BS*: *BS required | | |

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# BLOOD SUGAR LOG

STUDENT:

| DATE | BREAKFAST | | LUNCH | | DINNER | | NOTES |
|---|---|---|---|---|---|---|---|
| | BEFORE | AFTER | BEFORE | AFTER | BEFORE | AFTER | |
| | | | | | | | |
| | | | | | | | |
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# SCHOOL NURSE DIABETES LOGBOOK

## THE STRONGEST HUMANS BECOME SCHOOL NURSES

**STUDENT:**

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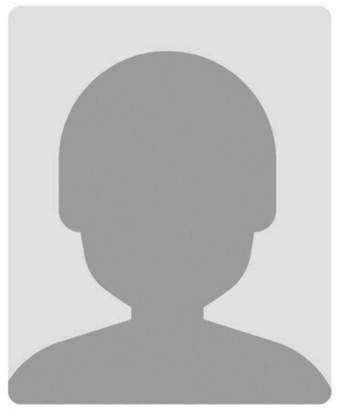
diabetesfoundationinc.org

## STUDENT

FIRST NAME: _____

LAST NAME: _____

GRADE: _____



## TEACHERS

| NAME | ROOM | NUMBER | EMAIL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## CARE GIVERS

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

NUMBER: _____ NUMBER: _____

EMAIL: _____ EMAIL: _____

## DOCTORS

NAME: _____ NAME: _____

HOSPITAL: _____ HOSPITAL: _____

NUMBER: _____ NUMBER: _____

EMAIL: _____ EMAIL: _____

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## MEDICATION LIST

## BLOOD GLUCOSE TARGETS

## BASAL RATES

## CARB RATIO (CARB TO INSULIN)

## CORRECTION FACTOR

**PUMP TYPE:** _____

**PUMP COMPANY CUSTOMER SERVICE NUMBER:** _____

**CGM TYPE:** _____

**CGM COMPANY CUSTOMER SERVICE NUMBER:** _____

DATE: ___/___/___ INSULIN(u) TO CARB(g) RATIO: ____:____

## BREAKFAST

TOTAL CARBS: INSULIN (UNITS):

## LUNCH

| CARBS (g) | ITEM |
|---|---|
| | |
| | |
| | |
| | |
| | |

TOTAL CARBS: INSULIN (UNITS):

## SNACK

TOTAL CARBS: INSULIN (UNITS):

| HIGHS & LOWS | | CORRECTION BOLUS(U) | SYMPTOMS |
|---|---|---|---|
| | | | |
| | | | |

## DINNER

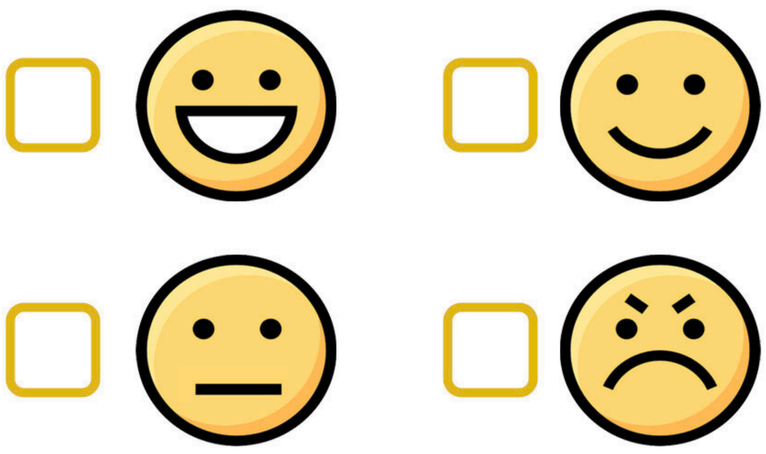
TOTAL CARBS:

INSULIN (UNITS):

## ACTIVITY LEVEL

1 2 3 4 5

## TODAY I FEEL



## A NOTE FOR YOU!

## NURSES NOTES