

Insulin Pump Therapy: Coming Off the Pump

You need a plan to replace insulin and prevent diabetic ketoacidosis (DKA) if you're off your pump for longer than 2 hours. Speak with your healthcare provider.

Start Here

- If your pump fails, call the 1-800 number on the back of your pump for a replacement. Ask if the replacement will take less than 1 day. Replacement pumps cannot be shipped outside of Canada. If planning a vacation, ask the company about a loaner pump or take a vial of basal insulin and syringes with you. Talk with your diabetes team about the type of basal insulin.
- Have your current insulin doses written down in a safe place. Include basal rates, total daily units of basal, insulin-to-carbohydrate ratios, insulin sensitivity factor (ISF), and target blood sugars.
- Calculate your insulin doses for basal and bolus insulin replacement using this handout.

No Pump for Less than a Day

To replace *basal* insulin

- Use rapid insulin (Apidra®, Fiasp®, Humalog®, NovoRapid®) by syringe or insulin pen every 3 hours until the pump is re-started.

Example: Basal rate is 0.7 units/hr from 12 noon to 3 p.m. = $0.7 \times 3 \text{ hrs} = 2.1 \text{ units}$ (round to 2).

To replace *meal bolus* insulin

- Use the insulin-to-carbohydrate ratio that was programmed in your pump.
Example: Insulin-to-carbohydrate ratio of 1 unit per 12 grams (1:12). If eating 60 grams of carbohydrate, $60 \div 12 = 5 \text{ units}$ of rapid insulin.
- Don't do this step if you're not eating.

To replace *correction insulin* to correct a high blood sugar

- Use the insulin sensitivity factor (ISF) that was programmed into your pump.
Example: ISF = 2, target blood sugar = 6 mmol/L. Blood sugar is 12 mmol, so the correction would be $(12 - 6) \div 2 = 3 \text{ units}$ of rapid insulin.
- Check for ketones if over 14 mmol/L. Give extra insulin if needed. (Think about 1.5 times the usual correction dose if ketones are trace/0.6 mmol/L or greater and blood sugar 14 mmol/L or more).

