Managing hyperglycaemia and/or sick-days on an insulin pump

On an insulin pump, a blood glucose level (BGL) greater than 13mmol/L is considered high (hyperglycaemia) and should be managed.

Causes of hyperglycaemia

- Interrupted insulin flow (e.g. air bubbles, cannula / line kinks, empty reservoir).
- Insufficient basal or bolus insulin.
- Exercise (high intensity).

Troubleshooting is important to manage any pump problems. If you are unable to find an insulin delivery problem, the steps below should be followed to manage high BGLs.

Hyperglycaemia management steps

Enter BGL into pump to receive correction

Re-test BGL 1–2 hours later

BGL less than 13mmol/L
- Pump working, continue pump therapy.

BGL more than 13mmol/L
- Check for blood ketones.

Ketones 0.6mmol/L or less
- Give insulin pen correction dose as per the amount your pump recommends.

Ketones more than 0.6mmol/L
- Give insulin pen correction of 10% of pump total daily dose

Note: Remember to check for blood ketones if unwell, regardless of your BGL. Ketones can occur with normal BGLs during illness.
Our insulin pump service is one of the largest in Australia

What can we do for you?
Our service is here to assist you with:

- starting insulin pump therapy
- upgrading your existing insulin pump
- providing more information if you want to learn more about this exciting technology.

Who can attend?
Our services are available to everyone and no referral is necessary.

To qualify for the insulin pump service, you need to:

- have private health insurance (for a minimum of 12 months)
- be under the care of a specialist diabetes doctor
- be prepared to learn and practice carbohydrate counting
- be prepared to test your blood glucose levels up to 8 times/day (initially)
- be prepared to attend a number of pump preparation and follow up appointments.

More information
Call us on (03) 8532 1800 or visit baker.edu.au/insulin-pumps.