Insulin Pump Troubleshooting and Management of a Pump Malfunction
For Baker IDI clients

It is important not to panic!
If you believe that your pump has malfunctioned, stop and go though the troubleshooting checklist to identify if the problem can be resolved.

Troubleshooting checklist:
- Check tubing for air bubbles
- Is the infusion set connected to the insulin cartridge?
- Can you see or smell insulin leaking?
- Can you feel moisture on the pump casing or at the insertion site?
- Has the set been changed within the last 72 hours?
- Is the insertion site, red, sore or swollen?
- Did you take your last bolus? Was it actually delivered?
- Are you in the correct basal program?
- Is the date and time on the pump correct?
- If you recently changed your set, did you fill the cannula?

Always manage your high blood glucose levels (hyperglycaemia) before proceeding.

If you have identified that your pump has malfunctioned, manage your hyperglycaemia first and then report the malfunction to your pump company:
- Medtronic: 1800 777 808
- Animas: 1300 851 056
- Roche: (02) 9860 2100

The company will generally arrange a replacement pump for you within 24 - 48 hours. You may require assistance from a diabetes educator in setting up your rates and ratios on your replacement pump. You should always keep a copy of your current rates and ratios in the event of a malfunction.
If you have returned to insulin pen injections, including basal (long acting) insulin, then you will need to allow for this long acting insulin when re-connecting to your pump. Speak to your physician or diabetes educator about this.

**Returning to Insulin Pen Injections Following an Insulin Pump Malfunction**

You should always have a current prescription of your previous basal (long acting) insulin.

Work out your doses of basal (long acting) and bolus (rapid acting) insulin, as follows:

- **Refer to your pump “total daily dose”**.
  You can find this on your pump or on a previous download, in the event that your pump is not working at all.
  Divide your pump total daily dose into 2.

- **Basal**:
  One half is your basal insulin and can be given as a single dose OR as a split dose. For example, Lantus or Levemir—12 units OR 6 units in the morning and 6 units at night

- **Bolus**:
  The other half is your bolus insulin for meals and corrections.
  Continue to carbohydrate count and use your insulin: carbohydrate ratio for meals and your correction factor (insulin sensitivity factor) to correct high BGLs.

  OR

  If this is not possible, simply divide this half into 3 doses (breakfast, lunch & dinner) and take before meals.
  For example 12 units divided by 3 = 4 units per meal.