

# Your plan for successful pumping

As you start on your journey to pump therapy, one of the most important things to know is that your preparation starts here, and starts now! This document will help guide you on your journey.

Think about why you have decided to consider using an insulin pump. What are the features that will help you to manage the diabetes and get the most out of your pump?

## Step one

The first step on your journey is to take a look at the advantages and disadvantages of insulin pump therapy. Remember the pump is only able to do what you ask or program it to do.

Advantages	Disadvantages
<p>You are able to control the diabetes – not the diabetes controlling you.</p> <p>You can choose when to eat and the type of meals and snacks to eat ( healthy eating is still recommended)</p> <p>You can make small adjustments in insulin dose. You can respond more quickly to changes in your blood glucose levels.</p> <p>You can be more spontaneous and improve your quality of life as a family.</p> <p>You have the potential to improve your overall diabetes control (HbA1c), and reduce the risks of long term health problems.</p> <p>You can reduce the number of hypoglycaemic events at night time, and after exercise, as well as reduce the likelihood of a 'severe' hypo.</p>	<p>The pump is attached to you all day and night - for exercise and showering the pump can be disconnected for short periods.</p> <p>If the insulin supply is interrupted for any reason (e.g. kinked tubing or cannula site not absorbing) then blood glucose levels rise quickly. Ketones (acids) will also develop very quickly making you feel unwell.</p> <p>It is essential to test blood glucose levels at least 4 to 8 times during the day and at night. This is also needed to ensure that your basal rate (background insulin) and bolus doses (for food) are right for you.</p> <p>You must know how much insulin to give as a bolus for the carbohydrate food you are eating. This involves carbohydrate counting.</p> <p>Some people experience occasional problems around the insertion site like skin irritation or infection.</p>



## Step two

The next step on the journey is to complete your own research into the different pumps.

Investigate how the pumps work and learn the terminology used in pumping. Listed over the page are some details to find pump information. The insulin pump companies also make brochures which are available either through the company representative or your diabetes clinic.

Each pump company offers online learning which explains the basics of pumping and the unique features of their pump. You must complete at least one online learning tutorial in preparation for starting an insulin pump.

### ANIMAS - Australasian Medical and Scientific Ltd

***Animas Vibe*** (Billing Code: AN011)

Company Representative contacts:

Mobile: 0438 457 664 or 0499 499 414

Website: <http://www.amsl.com.au>

Online learning: <http://www.animas.com/community/education-event>

### Medtronic

***Minimed 640G Pump*** (Billing Code: MI 150) Model 1551 (1.8ml) or 1751 (3 ml)

Company Representative contacts:

Mobile: 0427 344 890 or 0406 998 179

Website: <http://www.medtronic-diabetes.com.au>

Online learning: <https://www.medtronic-diabetes.com.au/customer-support/my-learning/640g>

### Roche Diagnostics

***Spirit Combo Pump*** (Billing Code: RO044)

Company Representative contact:

Mobile: 0449 953 969

Website: <http://www.accu-chek.com.au>

Online learning: [http://images.accu-chek.com/demos/combo/demo\\_mmol/index.html](http://images.accu-chek.com/demos/combo/demo_mmol/index.html)

## Step three

By this stage you should be able to define the following terms:

- Basal
- Bolus (Correction and Food)
- Carbohydrate Counting

If you have any questions, please ensure you have them answered by your clinic team. Another way of understanding some of the demands and advantages of pump therapy is to speak to another family / child who already use a pump.

Please ask your clinic team if you wish to view the pumps, cannulas and infusion sets.

## Step four

The next step in your journey is to answer these statements (please circle your answer)

You or your child/ young adult wants to use an insulin pump	YES	NO
Blood glucose levels are checked between 4 to 8 times per day	YES	NO
You or your young adult are able to adjust insulin doses	YES	NO
The HbA1c is near the recommended level you and your clinic team have decided	YES	NO
You have done your own research into available pumps	YES	NO
You have completed the online learning (and have the certificate of completion)	YES	NO
You have chosen a pump that you would like to use	YES	NO
You have checked that your Private Health Insurance will cover the cost of the pump or have discussed payment of the pump with your clinic team	YES	NO
You understand that you will continue to pay for ongoing pump consumables/supplies	YES	NO
You are free from other pressures in your life that can affect your time and concentration during the change of a pump. You have the support of other family members/friends to help you	YES	NO
You have seen the dietitian at clinic in the last three months – and have discussed carbohydrate counting in preparation for pump therapy	YES	NO
You have seen the social worker at clinic in the last three months	YES	NO

You or your child/ young adult wants to use an insulin pump	YES	NO
You have discussed this change with your clinic team	YES	NO

If you answered **NO** to any of the above questions, you may need further help from your clinic team before you continue on your journey. If you decide at this stage that pump therapy is not for you or your child that is not a problem.

If you answered **YES** to all the questions above and feel ready, you can now complete the form on the next page with the help of your clinic team.

After the PCH insulin pump form has been completed, the Diabetes Nurse Educator will submit to the pump coordinator. You will be contacted when dates are available for a pump workshop and pump start day.

# New Insulin pump choice form

## Parent/carer details

Please provide the names and contact details of two parents/carers.

1. Full name: \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

2. Full name: \_\_\_\_\_

Phone number (home): \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Patient details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Health insurance provider: \_\_\_\_\_

Membership number: \_\_\_\_\_

## Pump details

Your Diabetes Educator will assist in the filling out of the remaining information below in clinic.

Pump name and model: \_\_\_\_\_ Colour: \_\_\_\_\_

Infusion set/cannula length: \_\_\_\_\_ NDSS code: \_\_\_\_ \_\_\_\_ \_\_\_\_

Reservoir/cartridge: \_\_\_\_\_ NDSS code: \_\_\_\_ \_\_\_\_ \_\_\_\_



## Clinic team review

**Important!** Please see each team member three to six months before submitting pump choice form to the Educator for your clinic. *Each team member must sign this form before it is submitted.*

Clinic patient attends: \_\_\_\_\_

### Doctor

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Dietitian

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Social worker

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Diabetes Nurse Educator

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Government of **Western Australia**  
Child and Adolescent Health Service

**This document can be made available in alternative formats  
on request for a person with a disability.**

**Child and Adolescent Health Service**  
15 Hospital Avenue, Nedlands WA, 6009  
Telephone: (08) 6456 2222  
Produced by Endocrinology and Diabetes  
Ref: 0578 © CAHS 2018

**Disclaimer:** This publication is for general education and information purposes. Contact a qualified healthcare professional for any medical advice needed.  
© State of Western Australia,  
Child and Adolescent Health Service