



Diabetes Department

Hospital Admission for People on Insulin Pump Therapy

If you are admitted to hospital as an emergency with high glucose levels:

- If admitted with high blood sugars, the team looking after you may commence an intravenous insulin infusion, or drip, to manage your diabetes. You may be asked to disconnect your insulin pump. If this is not possible, the pump will be disconnected for you.
- Please give your insulin pump to a relative or friend to take home for safe-keeping or it can be secured in a bedside locker.
- Once you are feeling better and able to eat, drink and manage your insulin pump, you will be asked to re-start your pump.
- Doctors have been advised that the insulin infusion must overlap with your insulin pump for ONE HOUR.

IMPORTANT: The insulin infusion must not be stopped without restarting your insulin pump, with an overlap of ONE HOUR.

If you are admitted to hospital as an emergency unrelated to diabetes:

- If your blood glucose is stable, you are able to eat and drink and manage your insulin pump, your pump may be continued.

If you are admitted for planned surgery:

Ensure as far in advance as possible that you liaise with your diabetes team prior to admission.

If you require a local anaesthetic or sedation, continue with your insulin pump.

If you require general anaesthesia, you may need an intravenous insulin infusion, in which case you will be asked to disconnect your pump. Please try and discuss this with your diabetes team in advance.

Other circumstances when the insulin pump needs to be removed:

- Magnetic Resonance Tomography (MRI scan)
- X-ray
- Computer Tomography (CT scan)

If the insulin pump is stopped for longer than one hour, you can either bolus with an insulin pen device or an intravenous insulin infusion, or a drip will need to be commenced.

Essential practice and checks for insulin pump therapy:

- Check blood sugars - minimum 4 times a day or use flash/continuous monitoring where possible
- Check pump and infusion set twice a day
- Change cannula and infusion sets at appropriate intervals
- Remember to rotate the site of injection
- Wash your hands when handling the cannula
- Carry an emergency kit/rescue pens with you
- Dispose of sharps safely in a sharps bin
- Check ketones if blood sugar >14mmol/L
- Double the correction dose if ketones are present
- Use pen/syringe if blood sugar remains >14mmol/L after first correction
- Check the pump and infusion set if the blood sugar is unexpectedly high or low
- Treat hypo <4mmol/L but keep basal rate running unless severe hypo

Only disconnect the insulin pump for up to ONE HOUR if absolutely necessary

Further Information

Ahead of planned surgery, or following emergency admission to hospital, contact the Diabetes Specialist Nurses as soon as possible. Please call:
01305 255342 or 07771 341630 from 8am-5pm 7 days a week

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email pals@dchft.nhs.uk



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