

Patient Self-Management of Insulin Pump Consent Form

If you would like to use your insulin pump, while you are in the hospital, you must agree to the following guidelines. This is to keep you safe in the hospital. If at any time you are not able to follow the guidelines below, please tell your nurse or doctor right away. Insulin will then be given to you through your intravenous line (IV) or in an injection.

Please read the Guidelines below the line. If you agree to follow the guidelines sign the form at the bottom.

I will use my insulin pump during this hospital stay. I understand that hospital stays and the stress of illness may cause unexpected changes in my blood sugar. I may not be used to managing such changes in my blood sugar with my pump.

During my hospital stay I agree to:

- Take full care of my insulin pump, including starting and stopping the insulin pump and making any changes needed to keep it working correctly.
- Use my insulin pump in the hospital knowing the potential risk of
 - high blood sugar,
 - low blood sugar,
 - diabetic ketoacidosis,
 - infection.
- Change the infusion set and change the site on my body at least every 3 days (72 hours). I will change these more often, if I have
 - Skin problems
 - Two blood sugars greater than 300 mg/dL in 4 hours.
- Provide all supplies I need to care for my insulin pump, including, but not limited to
 - Cartridges, reservoirs, or syringes for the insulin;
 - Infusion sets/tubing;
 - Extra batteries for the pump;
 - Dressings, if applicable.
- Record all of my insulin infusion rates and bolus doses on the flow sheet provided.
- Have my blood sugar checked regularly using hospital glucose meters and lancets, according to hospital policy. I may use my blood sugar meter for any additional tests.
- Let the nurse know immediately if
 - I feel like I have low blood sugar;
 - I have a problem with my pump;
 - I have two blood sugars greater than 300 mg/dL in four hours;
 - I feel like I can no longer take care of my pump.

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I understand that my pump may need to be stopped and insulin may be given to me in a different way for any of the following:

- I am going to have a procedure.
- There is a change in my mental state and I cannot take care of my pump.
- Any other reason stated by my doctor.

The guidelines for the use of my insulin pump have been explained to me. I have had an opportunity to fully inquire about the above guidelines. I understand the guidelines and at this time, I feel that I am able to care for my continuous subcutaneous insulin infusion (CSII) pump while in the hospital.

Date _____ Time _____ Patient Signature _____

Date _____ Time _____ Physician _____ MD CID

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