

Insulin Pump Management and Continuous Glucose Monitoring Systems (CGMS)

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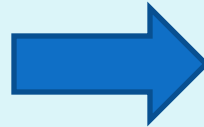
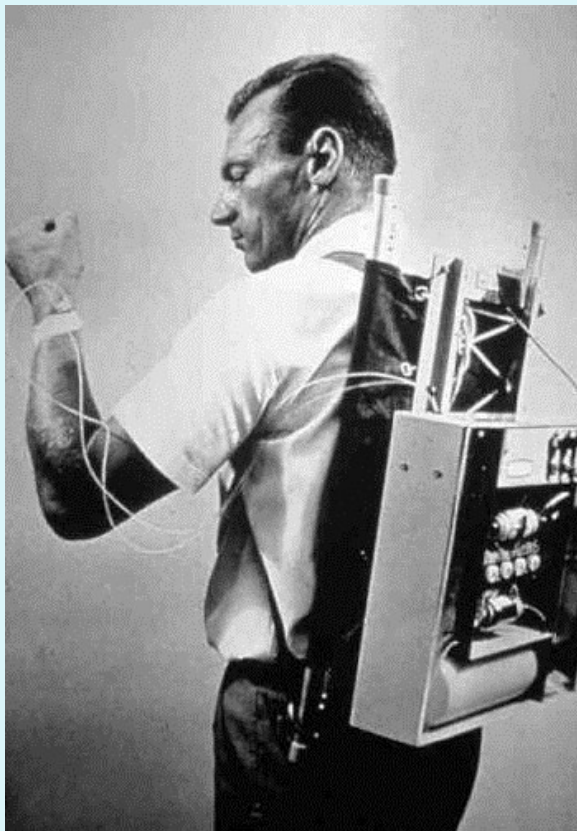


Why Pump Therapy?

- Mimics normal insulin secretion
- Provides a continuous baseline level versus long acting insulin that slowly weans out
- No peaks or valleys
- Insulin is given every time you eat or have a high blood sugar
- Improved Quality of Life

Insulin Pumps

Before



Now



What is the Insulin Pump?

- Beeper-sized machine
- Many communicate with glucometer
- Delivers rapid-acting insulin ONLY
 - Novolog
 - Humalog
 - Apidra



FDA Approved Insulin Pumps

- Medtronic Revel



- Insulet-Omnipod



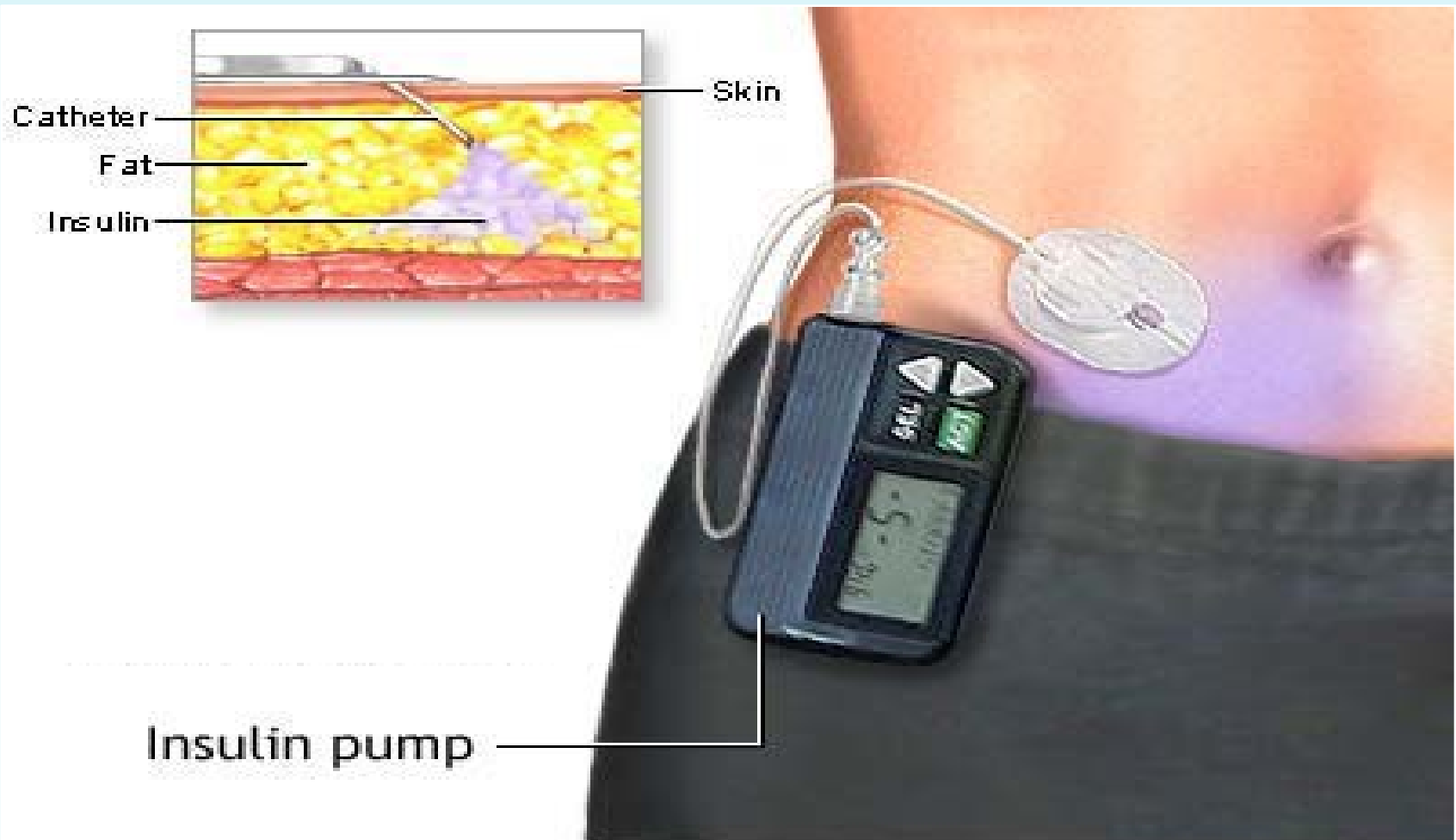
- Animas Ping



- Tandem T:Slim

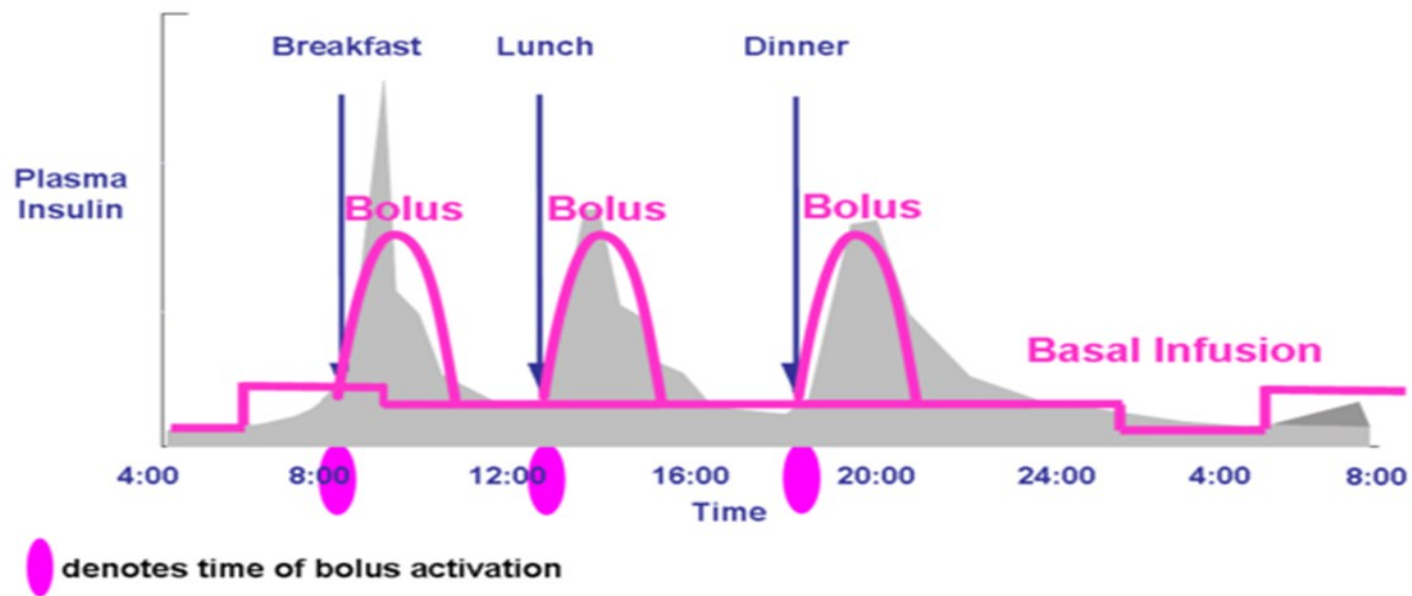


How Pump Therapy Works



Pump Gives Insulin in Two Ways

- **Basal rate:** Covers basic metabolic needs. An hourly rate of insulin delivered to replace the basal insulin you were once taking such as NPH, Lantus or Levemir.
- **Bolus rate:** Covers food and high blood sugars. A dose is given EVERY TIME you eat any carbs AND/OR have a high blood sugar that requires insulin. Delivered just as if you were taking a shot of Humalog, Novolog or Apidra.



What are some potential **advantages** of the pump?

- Fewer injections
 - Flexibility
 - Precision
 - Individualization
 - Better A1C
 - Prevention of complications
- Less hypoglycemia
 - Being like other kids
 - Trigger foods
 - School days
 - Control during illness
 - Picky eating
 - Information storage

What are some potential disadvantages of the pump?

- Cost
- Attachment
 - cannot disconnect for more than 1 hour without checking BG levels.
- Testing basal rates
- Risk of DKA
- Risk of infection
- Fear of insertion
- Skin irritation
- Frequent blood sugar testing

Insulin Pump System

- **Insulin reservoir**

A large syringe filled with rapid-acting insulin that delivers insulin from the pump through a thin plastic tubing into the infusion set.



How does the pump deliver a bolus?

- The pump is programmed with:
 - Insulin to Carbohydrate Ratio
 - Correction Factor/Sensitivity Factor
- Bolus by entering carbs and blood sugar into the pump.
- The pump will calculate how much insulin to bolus.
- Each pump can be set to alert you if there is still insulin working from a previous bolus. This is called “insulin on board” or “active insulin”.



Animas Ping insulin pump using EZCarb feature.

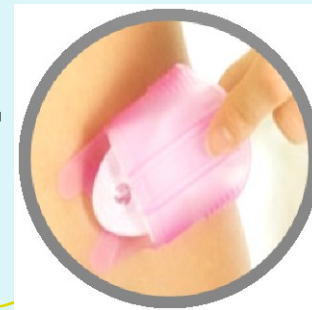
Pump Mechanics



+



+



= Pump Therapy

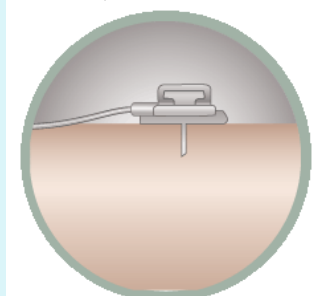
Patients change reservoirs and infusion sets every 2-to-3 days



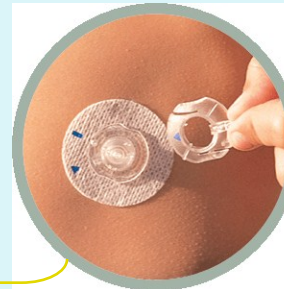
a.



b.



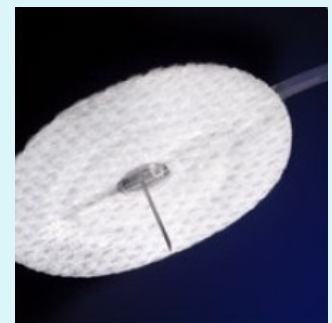
c.



- a. Patients use a Sserter™ device to place the infusion set.
- b. The set's cannula sits just beneath the skin.
- c. The user can disconnect at any time

Pump Mechanics: Catheter/Cannula

- **Infusion set**
 - Delivers insulin from pump to you
 - Some can be injected with an inserter device
 - Needs to be changed every 2-3 days
 - 3 Types:
 - Angled (30° entry) with flexible cannula
 - Straight (90° entry) with flexible cannula
 - Metal needle



Examples of Infusion Sites

Abdomen



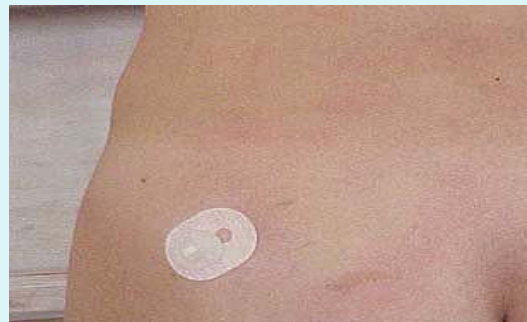
Anterior thigh



Upper arm



Upper hip



Medial thigh

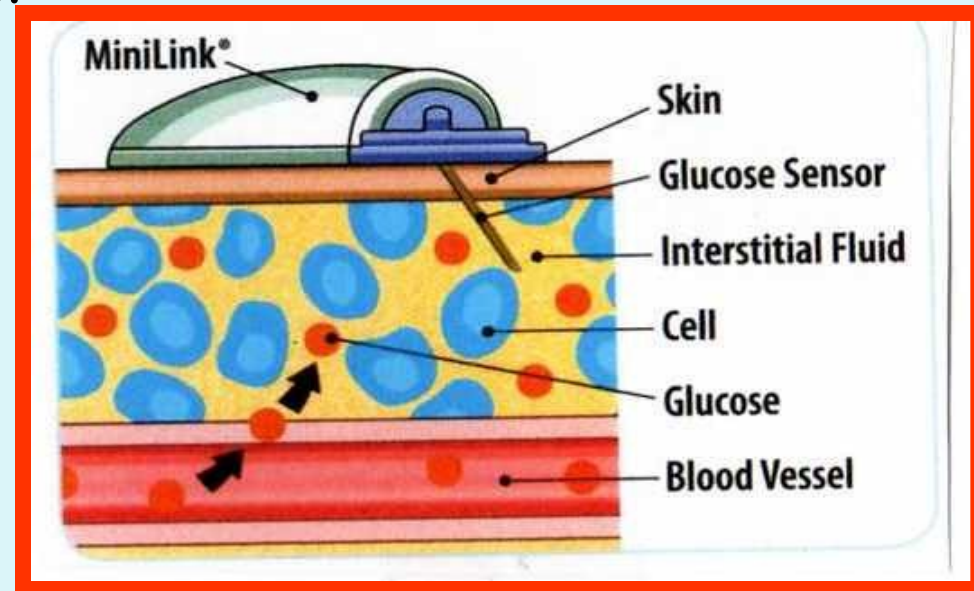


Continuous Glucose Monitors (CGM)



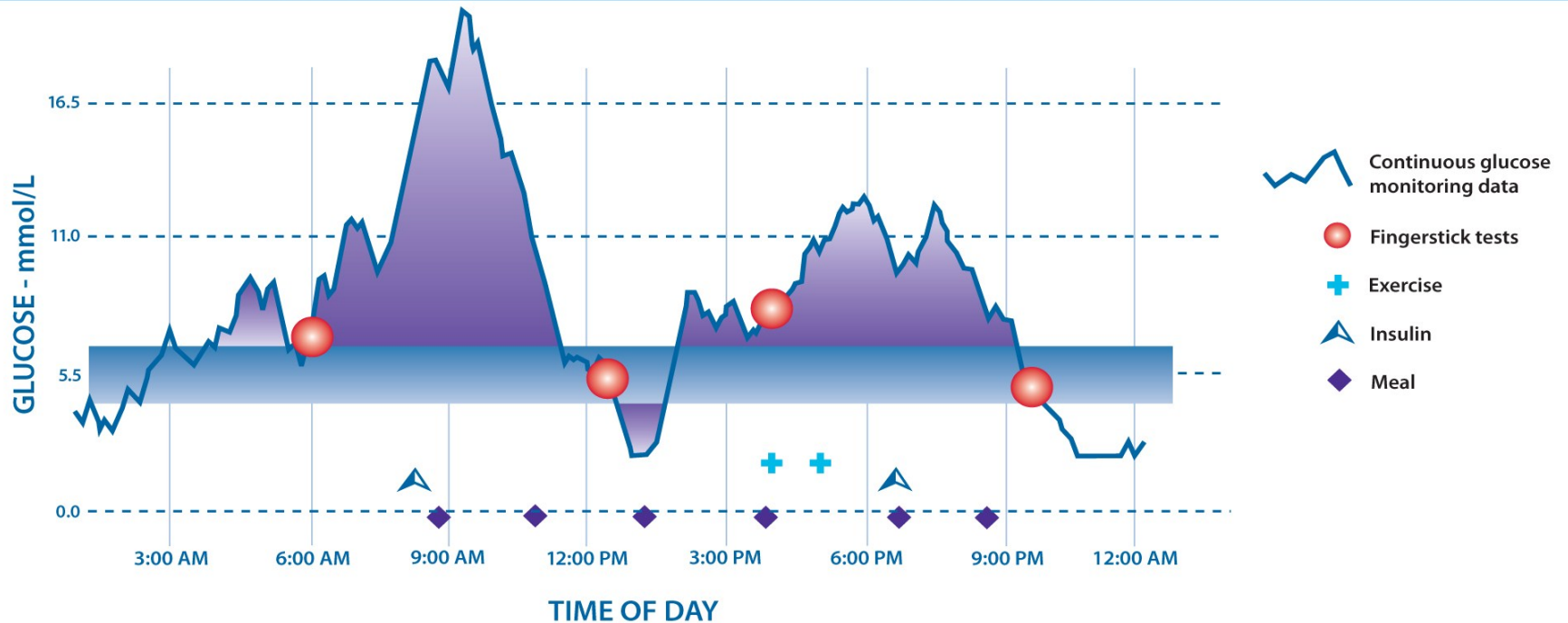
Understanding CGM & Glucose Readings

- The **Blood Glucose Meter** measures glucose in the **blood**.
- The **Sensor** measures glucose in the fluid surrounding the cell in the tissue, which is called **interstitial fluid**.
- Glucose travels throughout the interstitial fluid. Sensor may read different levels of glucose.
- Meter and sensor readings will be close.
- Advised to do a fingerstick before reacting to the sensor reading



Point in time blood sugar checking vs. CGM

Even patients with acceptable A1C levels can experience glycemic variability^{1,2}



Why Use Continuous Glucose Monitoring?

- Low blood glucose alarms set by user.
- High blood glucose alarms set by user.
- Alerts to possible need to check for ketones.
- Alerts to wide blood glucose fluctuations.
- Assists user in behavior modification.
- Improves diabetes management.

Why Use Continuous Monitoring

Examples:

- Detects if the blood sugar is already decreasing before exercise or activity
- Indicates if you are responding to low blood sugar treatment.
- Shows the stability or instability of blood sugars at school before walking home or getting on the bus.

How many CGM's are there?

2 types

- Clinic only device
 - Ipro
- Patient home use device
 - Dexcom G4
 - Medtronic Guardian
 - Medtronic Real-Time
 - Medtronic 530G



Medtronic



Dexcom

CGM: Home Use Options

- If you want a CGM that displays data on a separate device:
 - Dexcom G4
 - Medtronic Guardian
- If you want a CGM that displays data on a pump:
 - Medtronic Real-Time
 - Medtronic 530G
- If you want a CGM that displays data on a pump and shuts off insulin when glucose goes low:
 - Medtronic 530G

CGM Systems



Medtronic

- Communicates to Medtronic insulin pump
- Frequency of real time every 5 minutes
- 3 or 6 day wear
- Receiver (Pump) & Transmitter communicate within 6 feet

www.minimed.com



Dexcom

- Frequency of real time every 5 minutes
- 7 day wear
- Receiver & Transmitter communicate within 20 feet
- www.dexcom.com

Sensors



Medtronic



Dexcom

Transmitters



DexCom

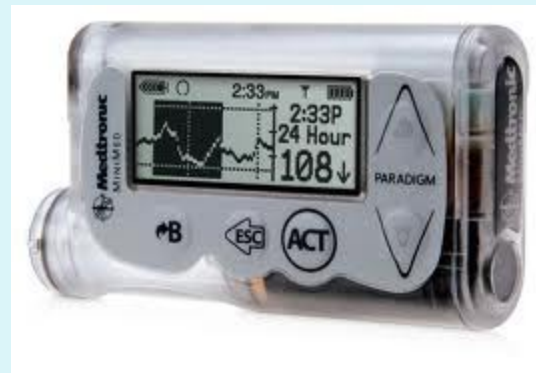


Medtronic

Receiver or Monitor



DexCom

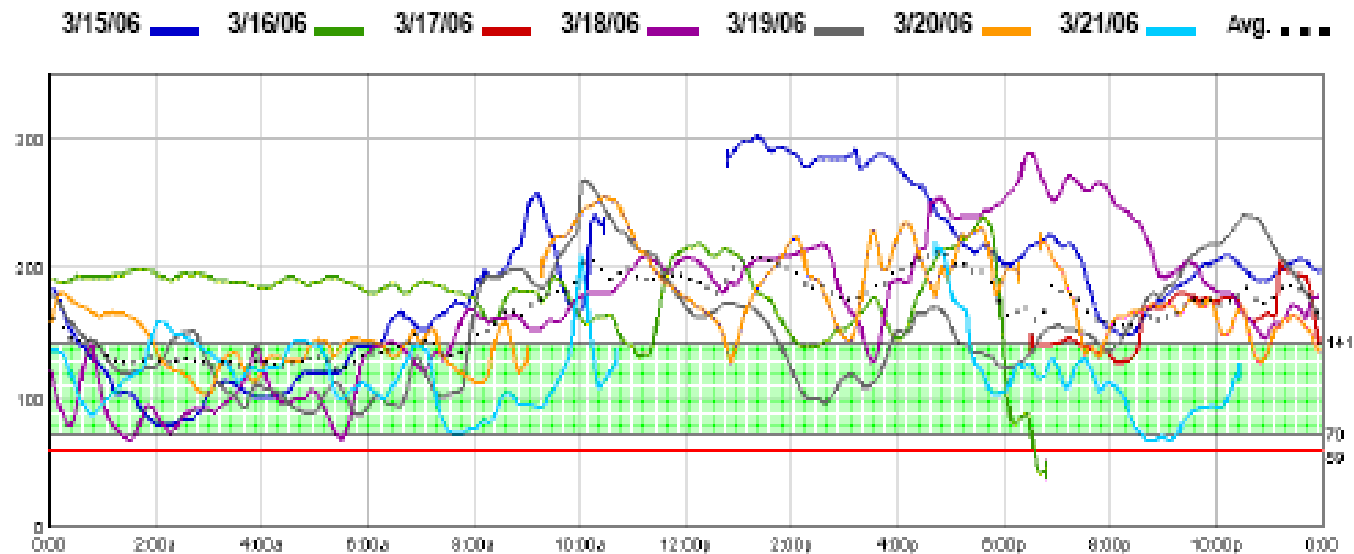


Medtronic

Software Component for families

Generates reports, graphs, and charts

Sensor Data (mg/dL)



	Wed Mar 16	Thu Mar 16	Fri Mar 17	Sat Mar 18	Sun Mar 18	Mon Mar 20	Tue Mar 21	Average / Total
# Sensor Values	261	226	66	288	288	282	199	1,610
High SG (mg/dL)	302	240	204	290	268	254	216	302
Low SG (mg/dL)	78	40	126	66	86	102	66	40
Average SG (mg/dL)	187	178	161	170	154	168	116	164
Standard Dev.	62	32	21	66	44	37	28	50
MAD %	9.9	7.7	36.9	17.9	14.2	15.0	N/A	17.4
# Valid Calibrations	3	2	3	4	2	4	1	23



Some Smiling Pumpers

