



Safety Matters Newsletter

HSHS WWD

September 11, 2017

Safe Treatment of Hospitalized Patients on an Insulin Pump

What happened?

Situation:

The patient received the wrong type of insulin to refill their insulin pump when they were an inpatient. Regular insulin was used instead of Novolog.

Background:

The insulin pump is a patient managed automated device that continuously delivers rapid acting insulin 24 hours a day providing the necessary doses of insulin for patients with diabetes. Pump settings are based on the type of insulin that is prescribed. When an insulin with a different active time than the one prescribed is filled into the pump, the patient is placed at risk for severe glycemic changes such as hypoglycemia.

A patient who can successfully self-manage their insulin pump will achieve normal glycemic levels much better than with other methods of glucose management. However, patients who are acutely ill may not be competent to manage that pump while hospitalized. Transitioning these patients off the pump is a best practice. However, it requires consultation with an Endocrinologist or other provider specifically trained on insulin pumps.

What went well? Nursing colleagues reached out to their resources by contacting clinical education for coaching on insulin pump use. No patient harm was noted from the use of the incorrect insulin. The patient was safely transitioned off the insulin pump to subcutaneous injections.

What went wrong?

Assessment:

The patient needed to refill his insulin pump and was very fatigued due to his acute illness. He demonstrated confusion when asked about the type of insulin needed to refill his pump. The patient incorrectly stated the insulin type. Nursing and pharmacy colleagues did not have the insulin pump training needed to identify that the type of insulin ordered is not used in insulin pumps.

What are we doing?

Recommendation:

1. Patients on insulin pumps should stay on that pump if this can be safely done. If patients cannot manage their pump independently due to acuity of condition or mental capacity, the pump should be discontinued while in the hospital with an alternative plan in place to safely treat the diabetes.
2. The right insulin needs to be loaded into the pump. Changes are being made to the EMR to ensure that only forms of insulin authorized for pump use will be listed as choices when documenting prior to admission medications.
3. An insulin pump flowsheet is available to ensure correct documentation.
4. Any time a patient is on an insulin pump, an Endocrinologist or a provider specifically trained on insulin pumps should be consulted.

Contact SafetyMatters@hshs.org with questions or feedback