

1

- ① Give the advised pump bolus correction or allow pump to give auto corrections
- ② If glucose remains above 14mmol/L for 2 hours check for blood ketones
- ③ Go to step 2 or 3

2

Ketones less than 0.6mmol/L

- ① If glucose levels are not reducing change cannula & infusion set
- ② Give the advised pump bolus corrections or allow pump to give auto corrections until glucose in target
- ③ Check blood ketones every 2 hrs if glucose remains above 14mmol/L. If ketones rise above 0.6mmol/L go to step 3



Be alert to signs of
Diabetic Ketoacidosis (DKA):

Vomiting, abdominal pain, heavy laboured breathing, panting or feeling drowsy
If any symptoms present, make contact with a healthcare professional and go to A & E.

3

If ketone levels above 0.6mmol/L: NB High (above 1.5mmol/L), Moderate (0.6- 1.5mmol/L)

① Give double advised correction dose of insulin by pen injection. Dial into pump and 'waste' it

② Also change infusion set

③ Whilst ketones above 0.6mmol/L ensure hybrid closed loop (HCL) pumps are in manual mode



Wait further 2 hours



Then check glucose level and blood ketones

Blood Ketones still **above** 0.6mmol/L

Contact healthcare professional urgently

Ketones now **less than** 0.6mmol/L

① Give insulin corrections using pump until glucose in target .

② When ketones below 0.6mmol/L can revert back to closed loop

Seek advice if persistent glucose levels over 14mmol/L.

'If in doubt change it out'

Ketones can develop very quickly if pump or cannula not working. This will require urgent action .
Have an insulin pen containing rapid insulin with you to give insulin bolus as advised by pump and change infusion set.



Keep well-hydrated. Drink plenty of sugar-free fluids.

If child is ill, refer to sick day management advice.



Mon-Fri 9am—5pm: **Paediatric diabetes team office** 01225 825331
Out-of-hours: **Paediatric registrar on-call** via the RUH Switchboard: 01225 428331.
In an emergency urgently visit A& E or call an ambulance e.g. if acute signs of DKA