KAISER PERMANENTE OHIO
INSULIN PUMP POLICY & PROTOCOL
Methodology: Expert Opinion     Issue Date: 7-00
Champion: Chief of IM, Pediatrics     Most Recent Update: 7-08, 7-10, 7-12
Key Stakeholders: IM, Endo, Pediatrics     Next Update: 7-14

Purpose: To provide guidelines for the safe and effective transition of members from multiple daily injections (MDI) to continuous subcutaneous insulin infusion (CSII) otherwise known as insulin pump therapy.

Indications for therapy:
Type 1 diabetes difficult to control, meeting at least one of the following criteria:
- Failed MDI therapy over 6 month period (Hgb A1C>7.0%)
- Documented moderate to severe uncontrolled hypoglycemia on multiple daily injections
- Documented moderate to severe uncontrolled dawn phenomenon on MDI
- Documented uncontrolled exercise-induced hypoglycemia on MDI
- Wide blood sugar excursions despite MDI

Qualifications
- Member has been followed by an endocrinologist/designated physician for at least 6 months.
- The endocrinologist/designated physician can decide, after review, that the patient does not need to wait the full 6 months.
- Member/parent has been evaluated by diabetes nurse or diabetes educator and is deemed capable of physically, socially, and intellectually maintaining the pump.
- Member/parent has documented an ability and a willingness to test blood sugars 4 - 6 times/day.
- There are no contraindications to tight control.
- Or, if tight control is contraindicated, the patient can be expected to do better on the pump than on MDI (such as those with hypoglycemic unawareness).
- Member/parent has an adequate diabetes knowledge base including hypoglycemia, nutrition and carbohydrate counting, ketosis, sick-day management, and insulin self-adjustment based on blood sugar.

Contraindications
- Tight control not recommended
- Inability to handle insulin pump therapy physically, socially, or intellectually
- Inconsistent blood glucose monitoring and record keeping
- Multiple failures at following previous treatment plans
Initiation

1) OPMG endocrinologist/designated physician or OPMG contracted network endocrinologist determines appropriateness for insulin pump therapy.

2) Patient referred to CCF or network contracted endocrinologist with experience managing insulin pump therapy for initiation of insulin pump therapy (pending development of internal capability for this process).