

Work Instruction Template / Applies to:

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Title: Surgical Considerations : Insulin Pump Therapy and Continuous Glucose Monitor Policy	
<p>The appropriateness of continuing insulin pump therapy during surgical procedures should be discussed by the surgical team (surgeon/anesthesiologist) and patient prior to the procedure. If appropriate, the pump may be allowed to remain on. Basal rates may need to be adjusted prior as per LIP orders. Endocrine referral is suggested. The final determination for the continuation of insulin pump therapy during the perioperative period is based on LIP decision/order.</p> <p>For unplanned, and emergent insulin pump removal see attachment B: LIP Work Instructions, section 2, Insulin Pump Removal Medical Management Guidelines. Do not dispose of any removed insulin pump tubing or continuous glucose sensor transmitters/sensors. Place in biohazard bag and return with patient to room.</p> <p>a. <u>Persons with type 1 diabetes must always have delivery of basal insulin, even if NPO.</u> Discontinuation of basal insulin delivery by pump removal for more than one hour may lead to severe hyperglycemia/diabetic ketoacidosis. (See attachment B: LIP Work Instructions, section 2 Insulin Pump Removal Medical Management Guidelines).</p> <p>b. If an insulin pump and/or continuous glucose monitor (CGM) is to remain on during surgery, the pump and pump site/tubing (and CGM if worn) should be moved by the patient/responsible party to an area away from the procedure prior to transport to the OR. Alternate sites should be discussed with the surgical team. Position during surgery should be considered when moving the insertion site.</p> <p style="padding-left: 40px;">Some procedures (e.g. radiography, electrocautery, diathermy) performed intraoperatively may affect insulin pump function. (See Attachment E. Diagnostic Procedures and Therapies.) . Removal of the pump may be necessary. (See Attachment B. -LIP Work Instructions Insulin Pump Removal Sect. 2)</p> <p>c. D50% and 10% dextrose for infusion should be available if needed for the treatment of intraoperative hypoglycemia.</p> <p>d. Intraoperative regular assessment of glucose levels via point of care testing should be available. Extreme glucose levels from insulin pump malfunction, disconnection or intraoperative stress may occur. Recommended frequency of point of care glucose tests to ensure patient safety:</p> <ul style="list-style-type: none">• At least hourly during the intraoperative phase• At least at the beginning and end of each perioperative phase.	