

INSULIN PUMP FAILURE

When to Suspect Pump Failure

- Blood sugar is over 250 mg/dL for 2 readings within 2 hours and continues to rise even after a correction bolus.

Do NOT keep giving correction boluses through the pump if blood sugar is not improving.

- Follow your Hyperglycemia Guidelines for Insulin Pumps.
- Call your pump manufacturer's Technical Support.
- Disconnect the pump and infusion site if pump failure is suspected.

Common Causes of Pump Failure

- Loose tubing or connection
- Kinked or clogged tubing/cannula
- Air bubbles from improper priming
- Infusion set pulled out or cannula dislodged — **most insulin pumps do NOT alarm** when this happens.
- Bad pump site (scar tissue, lipohypertrophy, irritation, or infection)
- Empty reservoir/cartridge
- Expired or overheated insulin
- Missed meal bolus (check pump history)
- Pump left in Suspend mode for more than 2 hours
- Low battery
- Pump malfunction

Backup Plan

OPTION 1 – Short Pump Break (a few hours)

- Use rapid-acting insulin for meals using your carb ratio.
- Give correction doses as needed.
- If meals are more than 3 hours apart, additional correction doses may be needed.
- Keep track of every insulin injection.

OPTION 2 – Longer Pump Failure (overnight or several days)

- Use long-acting insulin once daily.
- Use rapid-acting insulin for meals, snacks, and blood sugar corrections.

Finding Your Long-Acting Dose

Look in your pump settings for Total Daily Basal, or add all basal rates over 24 hours. This total equals your long-acting insulin dose. Round to the nearest whole unit if needed.

(Example: Total Daily Basal = 18.6 units → Long-acting insulin = 19 units)

Restarting Your Pump

Do NOT restart your USUAL basal rate on the same day after taking long-acting insulin. Having long-acting insulin & pump basal insulin working at the same time can cause dangerously low blood sugars.