Insulin, Subcutaneous and Intravenous

Scope: Unless otherwise stated, these items pertain to all concentrations of insulin prescribed, prepared, dispensed, and/or administered by the subcutaneous, IM (rare), and/or IV routes of administration using a vial and syringe, pen, continuous subcutaneous insulin infusion device (insulin pump), and/or infusion.

Demographic Questions

1) If a patient admitted to the facility takes insulin at home in a higher concentration than 100 units/mL (U-100), how are these insulin doses typically provided during hospitalization, long-term care admission, or outpatient encounter?
(select all that apply)

- ☐ Insulin doses of the same form and concentration are available and dispensed for the patient
- ☐ The patient is converted to U-100 insulin doses
- ☐ The patient is started on an insulin infusion
- ☐ The patient is asked to supply his or her own insulin from home for administration in the facility
- ☐ We never administer insulin in our facility
- ☐ Other: (please specify) _____

2) Where is general (non-patient specific) unit stock of insulin pens and vials stored in patient care units/treatment areas?

Insulin pens? (select all that apply)

- ☐ ADC in a matrix drawer containing multiple insulin types
- ☐ ADC in matrix drawers containing a single insulin type
- ☐ ADC in a single drug access drawer
- ☐ ADC refrigerator
- ☐ General medication refrigerator
- ☐ General stock at room temperature
- ☐ Non-patient specific insulin pens are not stocked in patient care units/treatment areas
- ☐ We don't stock insulin pens anywhere in our facility
- ☐ Other: (please specify) _____

Insulin vials? (select all that apply)

- ☐ ADC in a matrix drawer containing multiple insulin types
- ☐ ADC in matrix drawers containing a single insulin type
- ☐ ADC in a single drug access drawer
- ☐ ADC refrigerator
- ☐ General medication refrigerator
- ☐ General stock at room temperature
- ☐ Non-patient specific insulin vials are not stocked in patient care units/treatment areas
- ☐ We don't stock insulin vials anywhere in our facility
- ☐ Other: (please specify) _____

continued on page 49

continued from page 48

3) How are bedside POINT-OF-CARE blood glucose values documented at your facility? (select all that apply)

- ☐ Manually documented on a paper form (e.g., diabetic flow sheet, MAR/eMAR, notes)
- ☐ Manually documented on a paper form (e.g., diabetic flow sheet, MAR/eMAR, notes), which is later entered into the patient's EHR
- ☐ Manually documented directly into the EHR
- ☐ Electronically imported into the EHR via a blood glucose monitor that is docked with a computer
- ☐ Electronically imported into the EHR from a blood glucose monitor via wireless technology
- ☐ Other: (please specify) _____

4) Does your facility employ or contract with a certified diabetes educator/coordinator?

- ☐ Yes
  - **Coverage?**
    - ☐ 1 full-time equivalent (FTE)
    - ☐ More than 1 FTE
    - ☐ Less than 1 FTE
- ☐ No

5) Is there an endocrinologist or other physician diabetes specialist on staff and/or employed at your facility?

- ☐ Yes
  - **Coverage?**
    - ☐ Routinely and automatically consulted for all patients with diabetes admitted to the facility
    - ☐ Routinely and automatically consulted for patients with diabetes admitted to the facility with complex problems related to diabetes
      - **Including?** (select all that apply)
      - ☐ Patients who use a form of **CONCENTRATED INSULIN** prior to or during admission
      - ☐ Patients who use an insulin pump
      - ☐ Pediatric patients
      - ☐ Patients with clinical conditions that significantly impact insulin needs beyond the typical stress of hospitalization or illness (e.g., acute renal failure, transplants, open heart surgery, sepsis, or other critical illness)
      - ☐ Patients with uncontrolled hyperglycemia or hypoglycemia
      - ☐ Patients newly diagnosed with type 1 diabetes
      - ☐ Other: (please specify) _____
    - ☐ Voluntarily consulted as requested by admitting physicians
      - **Frequency?**
      - ☐ 75% or more of all patients with diabetes
      - ☐ 50% to 74% of all patients with diabetes
      - ☐ 25% to 49% of all patients with diabetes
      - ☐ Fewer than 25% of all patients with diabetes
- ☐ No

continued on page 50 ▶

Self-Assessment Items

A	There has been no activity to implement this item.
B	This item has been formally discussed and considered, but it has not been implemented.
C	This item has been partially implemented for some or all patients, orders, drugs, or staff.
D	This item is fully implemented for some patients, orders, drugs, or staff.
E	This item is fully implemented for all patients, orders, drugs, or staff.

		A	B	C	D	E
General Items						
Protocols and Order Sets						
1	Standard insulin protocols and/or order sets exist and are used to guide care when: (score each item individually)					
a	Converting from oral agents to insulin					
b	Managing insulin during planned and unplanned interruptions of oral and enteral nutrition					
c	Circumstances when a clinician other than the prescriber may adjust or hold an insulin dose					
d	Using **CONCENTRATED INSULINS**					
e	Managing pregnant and postpartum patients with pre-existing diabetes					
f	Managing patients receiving glucocorticoid therapy					
g	Treating hyperkalemia					
h	Treating calcium-channel blocker overdoses using high-dose insulin					
i	Treating clinically significant hyperglycemia and hyperosmolar hyperglycemic state					
j	Treating clinically significant hypoglycemia					
k	Monitoring patients via defined laboratory testing and bedside **POINT-OF-CARE** glucose monitoring, and communicating critical blood glucose values					
FAQ l	Managing patients when their symptoms are inconsistent with a current blood glucose value					
Prescribing						
2	An IV insulin infusion or scheduled subcutaneous insulin with **BASAL**, **NUTRITIONAL**, and **CORRECTIONAL INSULIN** doses is used to manage blood glucose levels in patients with diabetes; **and** patient blood glucose levels are not managed solely using sliding scale insulin.					
Expression of Drug Names, Concentrations, and Doses						
FAQ 3	The insulin concentration (e.g., U-100, U-200, U-300) does not follow the name of the insulin on the MAR/eMAR or other medication lists, with the exception of regular insulin U-500 (Humu**LIN** R U-500).					
FAQ 4	**TALL MAN LETTERING** with bolded text for the unique letter characters of look-alike insulin names (e.g., Huma**LOG** and Humu**LIN**; Novo**LOG** and Novo**LIN**) is used when displaying the names in computer order entry systems, order sets, protocols, guidelines, MARs/eMARs, ADC screens, infusion pump screens, drug storage bins, and pharmacy labels and/or **AUTOMATED SYSTEM LABELS.**					

continued on page 51

A	There has been no activity to implement this item.
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		A	B	C	D	E
5	Generic names for insulin products are included in computer order entry systems, order sets, protocols, MARs/eMARs, ADC screens, infusion pump screens, pharmacy labels and/or **AUTOMATED SYSTEM LABELS**, and any other format used to communicate the drug in the facility.					
6	Combination insulins are expressed using the complete name and dose expression on the same line (e.g., Novo**LOG** Mix 70/30, not just Novo**LOG** Mix) in computer order entry systems, order sets, protocols, MARs/eMARs, ADC screens, infusion pump screens, pharmacy labels and/or **AUTOMATED SYSTEM LABELS**, and any other format used to communicate the drug in the facility.					
Dispensing						
7	Pharmacists confirm that the patient has an appropriate indication before verifying initial insulin orders.					
8	The pharmacy prepares and dispenses patient-specific, prefilled syringes of **BASAL INSULIN** doses (if stability permits), with patient-specific, bar-coded labels, for patients who are not using an insulin pen device or pump to deliver **BASAL INSULIN** doses. ***Scoring guideline:*** *Choose Not Applicable only if your facility does not provide care to inpatients or if your facility only uses pens and/or pumps to deliver **BASAL INSULIN** doses.*					NOT APPLICABLE
Administration						
9	If bedside **BARCODE SCANNING TECHNOLOGY** is utilized and insulin vials are dispensed (unit stock or patient-specific) and stored in patient care areas, a process has been developed to enable the application of a patient-specific and drug-specific bar-coded label on clinician-prepared syringes to facilitate the scanning process. ***Scoring guideline:*** *Choose Not Applicable only if your facility does not utilize **BARCODE SCANNING TECHNOLOGY** and/or insulin vials.*					NOT APPLICABLE
10	Prior to the administration of insulin, practitioners perform a patient assessment of the following: (score each item individually)					
a	An appropriate diagnosis or indication for insulin use					
b	Most current blood glucose value either from the laboratory or **POINT-OF-CARE** testing					
c	Symptoms of hypoglycemia or hyperglycemia					
d	Nutritional status (e.g., NPO, receiving enteral nutrition or PN, last oral intake)					
e	Changes in the patient's condition (e.g., infection)					
11	Insulin doses, including **NUTRITIONAL** and **BASAL** doses, are only held or modified with a prescriber's order or via explicit directions in an existing protocol or order set.					
Insulin Storage						
12	U-100 insulin vials are not dispensed or stored as unit stock in neonatal intensive care units (NICUs). ***Scoring guideline:*** *Choose Not Applicable only if your facility does not have a NICU.*					NOT APPLICABLE

continued on page 52 ▶

A	There has been no activity to implement this item.
B	This item has been formally discussed and considered, but it has not been implemented.
C	This item has been partially implemented for some or all patients, orders, drugs, or staff.
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		A	B	C	D	E
13	Vials or syringes of insulin are removed from under the pharmacy laminar airflow workbench(es) (hood[s]) immediately after use and never kept under the hood for future use.					
Monitoring						
14	All patient-specific, diabetes care-related information, including blood glucose values and significant changes in carbohydrate intake (e.g., NPO status, changes in enteral nutrition or PN), is communicated in one designated place in the patient's health record (e.g., an electronic dashboard) and accessible to all clinicians.					
15	There is a coordinated process to promote timely blood glucose checks and administration of **NUTRITIONAL INSULIN** doses in conjunction with meal delivery. ***Scoring guideline:*** *Choose Not Applicable only if your facility never provides full meals to patients.*					
		NOT APPLICABLE				
16	In inpatient settings, a standardized process has been established to communicate to an authorized prescriber on the patient's care team any significant changes in a patient's carbohydrate intake (e.g., changes in enteral nutrition or PN, NPO status), which may require an adjustment of the insulin. ***Scoring guideline:*** *Choose Not Applicable only if your facility does not provide care to inpatients.*					
		NOT APPLICABLE				
17	The prescriber identifies the patient's pre-meal and random target glucose ranges in the patient's health record.					
Management of Hypoglycemia and Hyperglycemia						
18	Organizations have defined clinically important hypoglycemia in terms of symptoms and blood glucose concentrations at which physicians should be notified and when emergency treatment with a **RESCUE** agent should be administered by a qualified practitioner per protocol.					
19	An endocrinologist or practitioner trained in insulin management (e.g., physician, nurse practitioner, physician assistant, or pharmacist) as determined by the organization is consulted for patients with uncontrolled hyperglycemia or hypoglycemia.					
20	During an insulin-dependent patient's hospitalization or treatment, a single blood glucose value below a facility-established minimum prompts the insulin prescriber to conduct a patient, nutrition, and drug therapy reassessment to determine if modification of diet and/or glucose-lowering treatment is necessary.					
21	During an insulin-dependent patient's hospitalization or treatment, a pattern of blood glucose values below a facility-established minimum (e.g., two episodes that require intervention) prompts a team of prescribers, nurses, pharmacists, and dieticians to conduct a patient, nutrition, and drug therapy reassessment to determine if modification of diet and/or glucose-lowering treatment is necessary.					
22	For all patients on insulin, a risk assessment is conducted upon hospital or facility admission and periodically thereafter to identify those who are at high risk for developing hypoglycemia (e.g., low body weight, **BASAL INSULIN** doses greater than 0.25 units/kg, **BASAL**-only dosing, concomitant oral diabetic therapy) or hyperglycemia (e.g., infection, pancreatitis, trauma, alcohol abuse); **and** these patients are specifically targeted for preventive interventions.					

continued on page 53 ▶

A	There has been no activity to implement this item.
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		A	B	C	D	E
Patient Education (Includes Caregiver Education When Appropriate)						
23	For patients being discharged on insulin, criteria have been established to trigger an automatic consultation with a certified diabetes educator or other diabetes management specialist for patient education.					
24	Prior to hospital discharge or leaving a treatment facility, patients on insulin therapy are assessed for their understanding of the following: (score each item individually)					
a	Type of insulin they will use and their dose(s) in units					
b	Proper dose measurement and self-administration technique assessed by patient demonstration using the same administration device that will be used at home (e.g., vial and syringe, pen, pump)					
c	Proper use and disposal of needles, syringes, lancets, and pumps					
d	Knowledge of their blood glucose targets and when glucose testing should be accomplished					
e	Ability to use a blood glucose meter to test blood glucose, keep a record of the values, and self-monitor					
f	The signs and symptoms of hypoglycemia and hyperglycemia, and how to prevent these effects or respond if these symptoms occur					
g	Nutritional management of diabetes					
25	Prior to hospital discharge or leaving a treatment facility, patients receive verbal and up-to-date written instructions at an appropriate reading level and in their preferred language about each prescribed insulin, dose, frequency, route, timing with meals and glucose testing, and special precautions.					
26	Prior to hospital discharge or leaving a treatment facility, a process is in place to ensure that patients have or will obtain the medications or prescriptions, equipment, and supplies needed at home to manage their insulin therapy (e.g., insulin, syringes or pen needles, blood glucose meter and strips, lancets and lancing device, glucagon emergency kit).					
Insulin Pens						
Scoring guideline for this section: *Choose Not Applicable for these items only if your facility never dispenses or administers insulin via pen devices.*						
Dispensing						
27a	Insulin pens are dispensed from the pharmacy for individual patients as ordered with a patient-specific and drug-specific bar-coded label and not stored in patient care units as non-patient specific unit stock.					
		NOT APPLICABLE				
OR	**OR**					
27b	Insulin pens are removed from a profiled ADC only after the pharmacy has verified a corresponding order; **and** a process has been developed to enable the application of a patient-specific and drug-specific bar-coded label on the pen body immediately upon removal. ***Additional scoring guideline:*** *Do not select a score above B if pens are stocked in an unprofiled ADC or in another location outside an ADC, or if a patient-specific and drug-specific bar-coded label is not available for immediate application upon removal of the pen from unit stock.*					
		NOT APPLICABLE				

continued on page 54

A	There has been no activity to implement this item.
B	This item has been formally discussed and considered, but it has not been implemented.
C	This item has been partially implemented for some or all patients, orders, drugs, or staff.
D	This item is fully implemented for some patients, orders, drugs, or staff.
E	This item is fully implemented for all patients, orders, drugs, or staff.

		A	B	C	D	E
28	All pharmacy labels, **AUTOMATED SYSTEM LABELS**, and practitioner labels are applied on the body of the insulin pen (not on the removable cap) using a flag or tadpole method (a self-supporting tag label extending to the side of the pen and secured along a narrow strip of the pen barrel), without obscuring important information on the manufacturer's label or the dose counter/dose window.					
		NOT APPLICABLE				
Administration						
29	All insulin pens are labeled with a distinct patient-specific and drug-specific barcode(s) that is/are scanned before administration to verify the correct insulin type and correct patient.					
		NOT APPLICABLE				
Staff Competency and Education						
30	During initial orientation and annually thereafter, all nurses and other health professionals who may administer insulin are educated about the proper use of insulin pens for a single patient and the dangers of sharing pens with other patients, even after changing the needle.					
		NOT APPLICABLE				
Learning Culture						
31	The facility encourages immediate reporting of actual or potential instances when an insulin pen has been used or was almost used for more than one patient, or when an insulin pen cartridge has been used as a vial, with doses withdrawn from the cartridge with a syringe.					
		NOT APPLICABLE				
CONCENTRATED INSULIN						
Medication History						
32	When obtaining a medication history upon admission or reviewing the patient's home medication list, **CONCENTRATED INSULIN** regimens are verified and include the actual dose in units and the type of syringe or pen device used by the patient (e.g., actual dose of U-500 insulin is the same when using a pen or U-500 insulin syringe; 0.4 mL on a tuberculin syringe = 200 units of U-500 insulin; the dose set with the dial of U-200 and U-300 insulin pens is the actual dose delivered).					
Dispensing						
33	In inpatient settings, for U-500 insulin, the pharmacy dispenses either pens or prefilled syringes for individual patients as ordered with a patient-specific and drug-specific bar-coded label; **and** U-500 insulin vials and empty U-500 insulin syringes are not distributed to patient care areas or stored in patient-specific bins. ***Scoring guideline:*** *Choose Not Applicable only if your facility does not provide care to inpatients, or if you never dispense or administer U-500 insulin.*					
		NOT APPLICABLE				
Administration						
34	Either U-500 insulin pens or U-500 insulin syringes and vials are used to administer U-500 insulin to patients during hospitalization or treatment (never a U-100 insulin syringe or a tuberculin syringe). ***Scoring guideline:*** *Choose Not Applicable only if you never administer U-500 insulin in your facility.*					
		NOT APPLICABLE				

continued on page 55

A	There has been no activity to implement this item.
B	This item has been formally discussed and considered, but it has not been implemented.
C	This item has been partially implemented for some or all patients, orders, drugs, or staff.
D	This item is fully implemented for some patients, orders, drugs, or staff.
E	This item is fully implemented for all patients, orders, drugs, or staff.

		A	B	C	D	E
Product Differentiation						
35	**CONCENTRATED INSULIN** products are clearly identified in computer order entry systems, order sets, protocols, guidelines, MARs/eMARs, ADC screens, infusion pump screens, drug storage bins, pharmacy labels and/or **AUTOMATED SYSTEM LABELS**, and any other format used to communicate the products in the facility.					
Patient Education (Includes Caregiver Education When Appropriate)						
36	Patients who are taking U-500 insulin at home receive verbal and up-to-date written instructions at an appropriate reading level and in their preferred language regarding the actual dose in units and the importance of using U-500 insulin syringes or a pen (not U-100 insulin syringes or tuberculin syringes) to measure and administer each dose.					
37	Patients who are taking a **CONCENTRATED INSULIN** via pen receive verbal and up-to-date written instructions at an appropriate reading level and in their preferred language regarding how to dial and administer the actual insulin dose (no dose conversion is necessary).					
IV Insulin						
Scoring guideline for this section: *Choose Not Applicable for these items only if you never prescribe, dispense, and/or administer IV insulin in your facility.*						
Drug Preparation and Dispensing						
38	A single, standard concentration (e.g., 1 unit/mL) is used for continuous IV insulin infusions for adults. ***Additional scoring guideline:*** *Choose Not Applicable only if you never administer continuous IV insulin infusions to adults in your facility.*					NOT APPLICABLE
39	A single, standard concentration (e.g., 0.1 unit/mL) is used for continuous IV insulin infusions for at least 80% of neonates, and no more than one additional concentration is used for the remaining neonates. ***Additional scoring guideline:*** *Choose Not Applicable only if you never administer continuous IV insulin infusions to neonates in your facility.*					NOT APPLICABLE
FAQ 40	Based on patient weight, no more than three standard concentrations (e.g., 0.2 units/mL, 0.5 units/mL, 1 unit/mL) are used for continuous IV insulin infusions in pediatric patients, with the highest concentration equal to the single standard concentration used in adult patients (e.g., 1 unit/mL); **and** the standard concentrations do **NOT** differ by a factor of 10 (e.g., 0.1 unit/mL and 1 unit/mL), which is prone to mix-ups. ***Additional scoring guideline:*** *Choose Not Applicable only if you never administer continuous IV insulin infusions to pediatric patients in your facility.*					NOT APPLICABLE
41a	Pharmacy prepares all continuous IV insulin infusions for patients receiving care in the facility, including the emergency department, surgical suites (including infusions administered by anesthesia staff), and other procedural areas.					NOT APPLICABLE
OR	**OR**					
41b	If the pharmacy does not provide 24-hour services: A night cabinet is stocked with an appropriate container of base solution and a vial of regular insulin along with clear directions to prepare an infusion in the facility's standard concentration(s).					NOT APPLICABLE

continued on page 56 ▶

A	There has been no activity to implement this item.
B	This item has been formally discussed and considered, but it has not been implemented.
C	This item has been partially implemented for some or all patients, orders, drugs, or staff.
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E	This item is fully implemented for all patients, orders, drugs, or staff.

		A	B	C	D	E
Diluted Insulin						
42a	Syringes of diluted insulin for neonates are prepared only in the pharmacy and dispensed for individual patients with a patient-specific label that includes the total amount/total volume, the diluted concentration, and a warning to clearly distinguish them from U-100 insulin. ***Additional scoring guideline:*** *Choose Not Applicable only if your facility does not provide care to neonates.*					
		NOT APPLICABLE				
OR	**OR**					
42b	Vials of diluted insulin for neonates are prepared only in the pharmacy, dispensed for individual patients, and include patient-specific labels with warnings to clearly distinguish them from U-100 insulin vials; **and** guidelines on how to measure an insulin dose using a standard syringe (not an insulin syringe) are available to practitioners. ***Additional scoring guideline:*** *Choose Not Applicable only if your facility does not provide care to neonates.*					
		NOT APPLICABLE				
Treatment of Hyperkalemia						
43a	Pharmacy prepares, clearly labels, and dispenses patient-specific doses of insulin in a minibag or syringe that allows IV administration when insulin is needed to treat hyperkalemia.					
		NOT APPLICABLE				
OR	**OR**					
43b	The pharmacy dispenses a hyperkalemia kit to patient care units containing a 3 mL vial of a short- or rapid-acting insulin; alcohol swabs; 50% dextrose injection; an insulin syringe that allows IV administration; directions for preparation, administration, and patient monitoring requirements; and a label for the syringe (to apply after preparation but before administration).					
		NOT APPLICABLE				
Continuous Subcutaneous Insulin Infusion Devices (Insulin Pumps)						
Scoring guideline for this section: *Choose Not Applicable for the items in this section only if your facility is not a hospital.*						
Protocols and Guidelines						
44	Organizational policies, protocols, and/or guidelines are in place to guide the care of patients with a continuous subcutaneous insulin infusion device (insulin pump) who are hospitalized, which include: (score each item individually)					
a	Criteria to determine which patients are appropriate to manage their own pumps upon hospital admission, and to determine ongoing competence for continual management of their own pumps during hospitalization					
		NOT APPLICABLE				
b	Conditions that would necessitate removal of the insulin pump during hospitalization, even if the patient is deemed competent to manage his or her own pump (e.g., alarms, sensor alerts, or error alerts that cannot be cleared or are repetitive; pump malfunction; battery depletion; unexplained fluctuations in blood glucose levels; inconsistencies with patient symptoms and expected insulin delivery by the pump)					
		NOT APPLICABLE				
c	A process to transition patients from the pump to an alternative means of insulin delivery during hospitalization if the pump is removed					
		NOT APPLICABLE				

continued on page 57

A	There has been no activity to implement this item.
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C	This item has been partially implemented for some or all patients, orders, drugs, or staff.
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E	This item is fully implemented for all patients, orders, drugs, or staff.

		A	B	C	D	E
45	If the pump is managed by the patient while in the hospital, the policies, protocols, or guidelines include: (score each item individually)					
a	The means for obtaining patient consent after reviewing the risks and patient responsibilities					
		NOT APPLICABLE				
b	A process for prescribing the insulin to be given via the patient's pump, which requires specification of the insulin infusion rates based on time of day, meal coverage doses, and **CORRECTIONAL INSULIN** doses					
		NOT APPLICABLE				
c	Criteria for when an endocrinologist, diabetes educator, or other diabetes management specialist with knowledge of the pump must be contacted for consultation and/or to provide orders					
		NOT APPLICABLE				
d	A mechanism to communicate and document patient-initiated pump setting changes, doses, glucose monitoring results, site changes, and rate changes					
		NOT APPLICABLE				
e	A requirement for the patient to access the pump history and review all pump insulin delivery, pump alarms, and glucose monitoring values with a nurse or other practitioner at least daily					
		NOT APPLICABLE				
f	A process to measure and track the patient's blood glucose level					
		NOT APPLICABLE				
g	Evaluation prior to surgical procedures to determine the appropriateness of continuing insulin delivery via the pump during the procedure					
		NOT APPLICABLE				
h	A procedure to avoid exposure of the pump to ionizing radiation or magnetic fields during imaging procedures					
		NOT APPLICABLE				
i	A requirement for pharmacy to dispense all insulin used to refill the insulin pump					
		NOT APPLICABLE				
j	A procedure to manage the pump when the patient is not able to do so (e.g., medical emergency, surgery)					
		NOT APPLICABLE				