

Adult Insulin Dose Adjustment CHALLENGE - CURRENT PUMPER

To help us assess your understanding of how to manage your diabetes when ill, please complete the following questions. Review your answers with the diabetes health care team and obtain a copy of the answer sheet.

- 1. The background insulin that is delivered when you are not eating and required for the body's needs and blood glucose management is called:**
 - A) Bolus Insulin
 - B) Correction Bolus
 - C) Basal Insulin
 - D) Bolus Calculator/Wizard/ezCarb
- 2. A surge of insulin delivered quickly to match carbohydrates consumed in a meal or large snack is called:**
 - A) Bolus Insulin
 - B) Correction Bolus
 - C) Basal Insulin
 - D) Bolus Calculator/Wizard/ezCarb
- 3. A surge of insulin designed to bring a high blood glucose back to normal is called:**
 - A) Bolus Insulin
 - B) Correction Bolus
 - C) Basal Insulin
 - D) Bolus Calculator/Wizard/ezCarb
- 4. What important pump safety feature should you use to increase your active basal insulin delivery rate for events such as sick days, or decrease for events such as exercise?**
 - A) Basal Rate
 - B) Temporary Basal Rate
 - C) Correction Factor
 - D) Maximum Basal Rate
- 5. A person is NOT considered safe on an insulin pump unless they:**
 - A) Test their blood sugar at least 4 to 6 times a day
 - B) Have a willingness to count the carbohydrates they consume at each meal
 - C) Use an insulin pump bolus calculation method to determine the meal insulin requirements based on the carbohydrates consumed and the present blood glucose level
 - D) All of the above
- 6. John always has a low blood glucose before supper (around 5:00 p.m.) if he does not have an afternoon snack. John should adjust his:**
 - A) Afternoon basal rate
 - B) Breakfast bolus
 - C) Morning basal rate
 - D) None of the above

(see other side)

- 7. The Insulin Sensitivity Factor (ISF) will calculate:**
- A) How many carbohydrates in your food
 - B) How much insulin is required to correct a high blood glucose
 - C) The number of points one unit of rapid insulin will lower a persons' blood glucose over 2 to 4 hours when fasting
 - D) Both B and C
- 8. You have an insulin-to-carbohydrate ratio of 1:12. You are good at carb counting and notice you are always high 2 to 3 hours after meals. What should you do?**
- A) Change your insulin-to-carbohydrate ratio to 1:10
 - B) Change insulin-to-carbohydrate ratio to 1:15
 - C) Increase the insulin sensitivity factor by 10 to 20%
 - D) Decrease the insulin sensitivity factor by 10 to 20%
- 9. Sarah woke up this morning with a blood glucose of 25 mmol/L with no ketones. What should she do?**
- A) Give correction bolus using the insulin pump bolus calculator and retest blood glucose and ketones after 2 hours to make sure the blood glucose has decreased at least 3 points and no ketones are present.
 - B) Activate the troubleshooting process to determine why the blood glucose was elevated; for example, check for infusion site problems - kinked cannula. If so, a line change is required. If the pump has malfunctioned in some way, call the help line on the back of pump. It may be necessary to disconnect from the pump and give injections by pen/syringe.
 - C) Both A and B.
- 10. Jon felt dizzy and weak today while writing his exam at university. When he checked his blood glucose, it was 2.3 mmol/L. What should he do?**
- A) Eat 15 grams of carbohydrates followed by a snack, and continue to finish his exam.
 - B) Stop the exam, and leave examination room.
 - C) Treat the low with 15 grams of carbohydrates, and check blood glucose in 15 minutes to see if it is within range. Explain to professor what is happening (follow 15/15 rule). Always check blood glucose again in case of a rebound low; especially, when driving.
 - D) Do nothing because the pump will correct the low itself.
- 11. You should download your pump data on a regular basis because:**
- A) You can look for blood glucose patterns, and adjust your pump settings to achieve healthier blood glucose values.
 - B) If your pump fails, you can retrieve your most recent pump settings for your new pump or injections.
 - C) You can share the download with your diabetes team between visits to keep on top of your changing insulin needs.
 - D) All of the above.