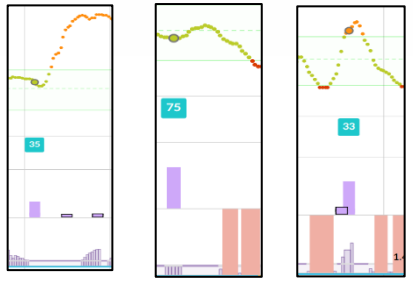
TIR < 70% (HYPERGLYCAEMIA)

- Check infusion sites i.e., 2nd or 3rd daily cannula changes, check for lumps.
- Bolus related: ICR too weak, missed boluses, confidence with carb counting.
- High sensor glucose levels overnight or in between meals: Set sleep mode, adjust basal rates, strengthen ISF
- Over treatment of hypoglycaemia – remember half usual glucose treatment.
- Consider creating a Sick Day profile with increased basal rates (20-30% extra) for sick days, premenstrual days etc.

Time below range: >4% (HYPOGLYCAEMIA)

- Bolus related: ICR too strong, late boluses
- Activity related: consider using exercise mode or disconnect pump



ICR weak ICR strong Late bolus

Adjusting carb ratios

Trend of BG 2-3 hrs. after meal	Action needed	Suggested ratio change				
High (More than 2 mmol/L higher)	Decrease the number of grams a unit of insulin will cover	1:2→1:1.5	1:6→1:5	1:10→1:9	1:20→1:18	1:35→1:30
		1:3→1:2	1:7→1:6	1:12→1:10	1:22→1:20	1:40→1:35
		1:4→1:3	1:8→1:7	1:15→1:12	1:25→1:22	1:45→1:40
		1:5→1:4	1:9→1:8	1:18→1:15	1:30→1:25	1:50→1:45
Low (More than 2 mmol/L below)	Increase the number of grams 1 unit of insulin	1:1.5→1:2	1:5→1:6	1:9→1:10	1:18→1:20	1:30→1:35
		1:2→1:3	1:6→1:7	1:10→1:12	1:20→1:22	1:35→1:40
		1:3→1:4	1:7→1:8	1:12→1:15	1:22→1:25	1:40→1:45
		1:4→1:5	1:8→1:9	1:15→1:18	1:25→1:30	1:45→1:50

Basal Rates: Manual basal rates provide a "launching pad" for the automated basal in CIQ. It's important for an accurate algorithm to keep these reflective of auto-basal levels.

ICF: Insulin correction factor impacts the auto-corrections, bolus calculator and the automated basal in control IQ. REMEMBER **s**maller ratio is **s**tronger!

If Total Insulin is:	Adjust basal rate by:
Less than 10 units per day	0.025 units per hour
10-20 units per day	0.05 units per hour
20-40 units per day	0.1 units per hour
40-60 units per day	0.15 units per hour
>60 units	0.2 units per hour

If calculated insulin sensitivity is:	Adjust insulin sensitivity by:
1.0-1.9 mmol/L/U	0.1
2.0-2.5 mmol/L/U	0.2
2.6-4.9 mmol/L/U	0.5
5-9.9 mmol/L/U	1.0
10 mmol/L/U or higher	2.0

SICK DAY MANAGEMENT FOR PATIENTS ON CONTROL IQ			
BGL	**URINE KET**	**BLOOD KET**	**PLAN**
<2mmol/L	NEG	<1.0	• Pump will suspend • Treat hypoglycaemia (enc sweetened fluids) • Recheck BGL in 15 mins • Once BG > 3.9mmol/L, pump will resume • If hypoglycaemia persists, decrease basal rate by 25%
	Small- Large	>1.0	• Pump will suspend • Treat hypoglycaemia (enc sweetened fluids) • Recheck BGL in 15 mins • Once BGL >3.9, give sweetened fluids or food and bolus as usual • Recheck BGL and ketones in 2 hours • Consider using exercise mode, bolus for carbs • Call triage or on call for assistance
2 - 4mmol/L	NEG	<1.0	• Treat hypoglycaemia (enc sweetened fluids) • Recheck BGL in 15 mins • If hypoglycaemia persists, decrease basal rate by 25% or consider exercise mode
	Small- Large	>1.0	• Treat hypoglycaemia (enc sweetened fluids) • Recheck BGL in 15 mins • Once BGL >3.9, give sweetened fluids or food and bolus as usual • Recheck BGL and ketones in 2 hours • Call triage or on call for assistance
4 – 8mmol/L	Neg	<1.0	• Continue to check BGL's and ketones 2 hourly whilst sick
	Small to large	>1.0	• Turn off Control IQ • Calculate correction bolus, give with a pen • Resite cannula • Increase temp rate by 25% for 2 – 4 hours • Recheck BGL and ketones 2 hourly
>8mmol/L	Neg – trace	<1.0	• Continue Control IQ • Give correction bolus via pump • Check for ketones if hyperglycaemia persists
	Small	1.0 – 1.4	• Turn off Control IQ • Calculate correction bolus (increase by 10%) give with a pen • Resite cannula • Use temp basal of 150% and give extra corrections 2 hourly until ketones -ve and BGL < 8mmol/L
	Mod – Large	>1.5 mmol/L	• Turn off Control IQ • Calculate correction bolus (increase by 20%) give with a pen • Resite cannula • Use temp basal of 150% and give extra corrections 2 hourly until ketones -ve and BGL < 8mmol/L

RESUME CONTROL IQ 2 HOURS AFTER LAST PEN CORRECTION

TRIAGE: **6456 1111** option 2, state your child is unwell ON CALL DOCTOR: **6456 5993**

