**Our goal is to help you learn to make rate and ratio adjustments independently**.

**ADJUSTING YOUR INSULIN**

**Adjusting your Pump Settings**

Insulin requirements regularly change. To achieve a target HbA1c (measure of complications risk) it is important to change pump settings when BGLs show a pattern outside the target range. If you have made setting changes and your BGLs are still outside target range, you can phone or email the DNE team during office hours for advice.

**YOUR BGL TARGET is 4.0 mmol/L- 7.0mmol/L.**

**YOUR HbA1c TARGET is less than 53 mmol/mol (less than 7.0%)**

**Review of your pump upload**

* Look on the download for patterns in your BGL over a minimum of 3 days (except on sick days). **Do not adjust settings based on only one or two readings**.
* BGLs out of target range 3 days in a row or 4 times in one week **at the same time of day** indicate that a change should be considered.
* Wait 3 days to assess the effect of any adjustment before making another change
* Aim for no more than 5 different basal rate settings
* Aim for no more than 3 different Insulin to ICR and ISF/CF

**Hyperglycaemia**

Should you adjust the basal rate or bolus insulin?

* If BGLs are elevated overnight or more than 4 hours after food, the basal rate is likely to need changing. Consider increasing the basal rate by 10%, starting at least 2 hours before the rise.
* If BGLs are high 3 hours after a meal bolus, the ICR is likely to need a change. Consider lowering the ICR ratio by 5%-10%. (E.g. Change 10 grams/unit to 9 or 9.5 grams/unit).
* If BGLs are high 3 hrs after correction (and no food bolus has been given) the ISF/CF is likely to need changing. Consider lowering the ISF/CF by 5%-10%.

**Hypoglycaemia**

Should you adjust the basal rate or bolus insulin?

* If BGLs are low overnight or more than 4 hours after food, the basal rate is likely to need changing. Consider reducing the basal rate by 10% starting at least 2 hours before the rise. (E.g. 0.5 unit/hr to 0.45 units /hr)
* If BGLs are low 3 hours after a meal bolus, the ICR is likely to need changing. Consider increasing the ICR ratio by 5%-10%.
* If BGLs are low 3 hrs after correction (and no food bolus has been given) the ISF/CF is likely to need changing. Consider increasing the ISF/CF by 5%-10%.

Adjustments made to the pump settings (basal or bolus), should be no more than 10% at a time.

**THIS ADVICE DOES NOT APPLY IF YOUR CHILD IS ON SICK DAY MANAGEMENT**