PATIENT SELECTION/ASSESSMENT:

Technical Proficiency:
Can patient use a cell phone?
A glucometer?

Diabetes Management skills:
Does patient use carb counting?
Meal estimation? Fixed dose?

STARTING PUMP ORDERS (USING MDI TOTAL DAILY DOSE/TDD):

Pump TDD: ___________ pre-pump TDD (units/day) x 0.75= ___________ units/day via pump
Hourly Basal Rate: ___________ Pump TDD (units/day) x 50% ÷ 24= ___________ units/hour

MEAL BOLUS OPTIONS:

Option 1: Fixed Doses
Patient delivers the same meal doses that were used on MDI

Option 2: Bolus Wizard™ calculator ‘ON’
Patient estimates carb amount based on meal size (small, medium, or large), OR patient counts & enters carbs to be eaten

Bolus Wizard™ calculator settings:
Carb Ratio (ICR): 450÷_________ Pump TDD (units/day)=_________ grams/unit
Correction/ Sensitivity Factor (ISF): 1800 ÷ ______ Pump TDD (units/day) = ______ mg/dL

ORAL MEDICATION CONSIDERATIONS:

Stop: Sulfonylureas and meglitinides

Continue: Metformin, GLP-1 agonists, DPP-4 inhibitors, SGLT-2 inhibitors and insulin sensitizers

SETTINGS ADJUSTMENTS:

Anticipate decreased insulin requirement as glycemia improves with better insulin sensitivity and decreased glucotoxicity. Evaluate basal/bolus split (50/50% ±10%) at every visit.

Overnight Basal Rates: Compare bedtime glucose to waking glucose
- If glucose rises more than 20%, increase 10-20% from 12 am to 8 am
- If glucose falls more than 20% (or low occurs), decrease 10-20% from 12 am to 8 am

Meal Bolus Settings (Fixed Dose or Carb Ratio): Compare pre-meal glucose to next pre-meal glucose (i.e. compare pre-breakfast to pre-lunch). For carb ratios <1:10, consider adjusting 0.1 to 0.5 gram increments.
- If glucose rises more than 20%, increase fixed dose or decrease ICR 10-20%
- If glucose falls more than 20%, decrease fixed dose increase ICR 10-20%

Correction / Insulin Sensitivity Factor (ISF) –if Bolus Wizard™ calculator ‘ON’ Evaluate correction bolus given with no food. Compare pre-correction glucose to post-correction glucose
- If post-correction glucose still high, decrease ISF 10-20%
- If post-correction glucose goes low, increase ISF 10-20%
MINIMED™ 630G SYSTEM
Insulin Pump Therapy for Type 2 Diabetes

IMPORTANT SAFETY INFORMATION - MINIMED™ 630G SYSTEM

Indicated for the continuous delivery of insulin, at set and variable rates, for the management of diabetes mellitus. MiniMed™ 630G system is approved for ages 14 years or older with Guardian™ Sensor 3 and MiniMed™ 630G system is approved for ages 16 years or older with Enlite™ sensor. Both systems require a prescription. Insulin infusion pumps and associated components of insulin infusion systems are limited to sale by or on the order of a physician and should only be used under the direction of a healthcare professional familiar with the risks of insulin pump therapy. Pump therapy is not recommended for people who are unwilling or unable to perform a minimum of four blood glucose tests per day. Pump therapy is not recommended for people who are unwilling or unable to maintain contact with their healthcare professional. Pump therapy is not recommended for people whose vision or hearing does not allow recognition of pump signals and alarms. Insulin pumps use rapid-acting insulin. If your insulin delivery is interrupted for any reason, you must be prepared to replace the missed insulin immediately. Replace the infusion set every 48–72 hours, or more frequently per your healthcare professional’s instructions. Insertion of a glucose sensor may cause bleeding or irritation at the insertion site. Consult a physician immediately if you experience significant pain or if you suspect that the site is infected. The information provided by CGM systems is intended to supplement, not replace, blood glucose information obtained using a blood glucose meter. A confirmatory fingerstick using a CONTOUR®NEXT LINK 2.4 meter is required prior to making adjustments to diabetes therapy. Always check the pump display when using a CONTOUR®NEXT LINK 2.4 meter, to ensure the glucose result shown agrees with the glucose results shown on the meter. Do not calibrate your CGM device or calculate a bolus using a result taken from an Alternative Site (palm) or a result from a control solution test. If a control solution test is out of range, please note that the result may be transmitted to your pump when in the “Always” send mode. It is not recommended to calibrate your CGM device when sensor or blood glucose values are changing rapidly, e.g., following a meal or physical exercise. The MiniMed™ 630G system is not intended to be used directly for preventing or treating hypoglycemia but to suspend insulin delivery when the user is unable to respond to the Suspend on low alarm and take measures to prevent or treat hypoglycemia themselves. Therapy to prevent or treat hypoglycemia should be administered according to the recommendations of the user’s healthcare provider.

WARNING: The SmartGuard™ Suspend on low feature will cause the pump to temporarily suspend insulin delivery for two hours when the sensor glucose reaches a set threshold. Under some conditions of use the pump can suspend again, resulting in very limited insulin delivery. Prolonged suspension can increase the risk of serious hyperglycemia, ketosis, and ketoacidosis. Before using the SmartGuard feature, it is important to read the SmartGuard™ feature information in the User Guide and discuss proper use of the feature with your healthcare provider.

See www.medtronicdiabetes.com/importantssafetyinformation and the appropriate user guides for additional important details.

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