

Troubleshooting Your Glucose



Hypoglycemia

Low glucose (hypoglycemia) occurs when there is too much insulin and not enough glucose in your blood. Some of the more common causes of hypoglycemia are increased or unexpected activity and overestimation of carbohydrate leading to a larger bolus than needed.

Hyperglycemia

High glucose (hyperglycemia) occurs when there is too much glucose and not enough insulin in your blood. Stress, illness, medication, inactivity, and underestimation of carbohydrate leading to an inadequate bolus are all common causes of high glucose.

Diabetic Ketoacidosis

Diabetic ketoacidosis occurs when there is not enough

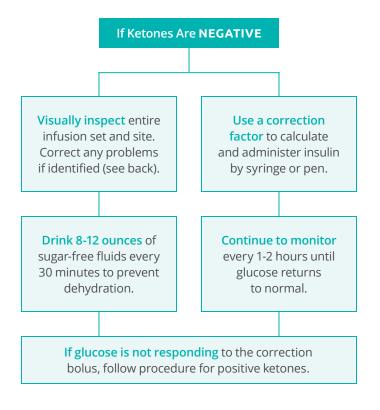
insulin available to help glucose enter the cells to be used for energy. Without glucose, fat is used for energy resulting in a waste product called ketones. If too many ketones accumulate, (which can happen rapidly), the condition becomes very serious and medical attention is required.

| Symptoms of Diabetic Ketoacidosis | | |
|-----------------------------------|---------------------|--|
| Early Symptoms | Severe Symptoms | |
| Thirst or dry mouth | Nausea and vomiting | |
| Frequent urination | Abdominal pain | |
| High blood glucose | Weakness or fatigue | |
| Ketones in urine | Labored breathing | |

Treatment Guidelines

If your glucose is above 250 mg/dL two times in a row and/or is not responding to a correction bolus, test for ketones, change entire infusion set and site, correct by injection, and follow guidelines below.

When correcting for high glucose by syringe or pen, you can still track insulin on board (IOB) from your t:slim $X2^m$ insulin pump. Just follow the instructions included in the Pump Tip on the back of this flyer to access this feature.



If Ketones Are POSITIVE Use a correction Change entire factor to calculate infusion set and site and administer insulin using a new cartridge and new insulin. by syringe or pen. Drink 8-12 ounces of Continue to monitor sugar-free fluids every every 1-2 hours until 30 minutes to prevent glucose returns dehydration. to normal. If glucose is not responding or if vomiting begins, contact your healthcare provider, go to the ER, or call 911.

Troubleshooting

The chart below outlines possible causes that will need to be investigated when your glucose is not responding to treatment. If the problem continues or you do not find a solution, contact your healthcare provider (HCP).



PUMP TIP: To track IOB when dosing by injection, disconnect infusion set at site, deliver a bolus equal to the injection dose, and then reconnect.

| Possible Issues | | What to Check | If Yes |
|------------------------|---|--|--|
| Infusion Set and Site | Infusion set leaking at site | Wetness at site | Change infusion set at site and rotate site |
| | Set not changed within 2-3 days | Load history or site reminder | Change infusion set at site and rotate site |
| | Infection at site | Redness, swelling at site | Change infusion set at site and rotate site |
| | Crimped, dislodged, or clogged cannula | Infusion site | Change infusion set at site and rotate site |
| | Cannula placed in scar tissue | Infusion site | Change infusion set at site and rotate site |
| | Air bubbles in tubing | Air bubbles or spaces in tubing | Detach tubing from site, fill tubing with insulin to push air out, and reattach tubing to site |
| | Tubing not filled when infusion set was last changed | Load history | Detach tubing from site, complete load sequence, and reattach tubing to site |
| | t:lock™ infusion set connector is loose from tubing | Tubing connection | Detach tubing from site, tighten t:lock connector, fill tubing with insulin to push air out, and reattach tubing at site |
| Behaviors Insulin Pump | Insulin expired, denatured, or exposed to extreme temperature | Insulin quality in vial or storage temperature | Discard insulin and cartridge, fill new cartridge with insulin, and change entire infusion set |
| | Insulin in cartridge longer than recommended | Load history | Discard insulin and cartridge, fill new cartridge with insulin, and change entire infusion set |
| | Programming error (eg, insulin dose settings and time/date) | Personal Profiles and time/date settings | Reprogram as necessary |
| | Alarm sounded | Alarm history | Identify alarm and take action as outlined in your t:slim X2 insulin pump User Guide |
| | Battery dead | Battery icon | Charge battery |
| | Insulin pump is not controlling glucose | Discuss with your HCP | Contact HCP to discuss need for evaluation and adjustments to settings |
| | Bolus error (missed, delivered after meal or did not correct) | Bolus history | Bolus as needed to correct |
| | Life influences | Stress, medication, illness, or inactivity | Discuss action plan with your HCP |
| | | | |



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Important Safety Information: Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. The t:slim X2 insulin pump with interoperable technology is an alternate controller enabled (ACE) pump that is intended for the subcutaneous delivery of insulin, at set and variable rates, for the management of diabetes mellitus in people requiring insulin. The pump is able to reliably and securely communicate with compatible, digitally connected devices, including automated insulin dosing software, to receive, execute, and confirm commands from these devices. The pump is indicated for use in individuals 6 years of age and greater. The pump is intended for single patient, home use and requires a prescription. The pump is indicated for use with NovoLog or Humalog U-100 insulin. The t:slim X2 pump must be removed before MRI, CT, or diathermy treatment. Visit tandemdiabetes.com/safetyinfo for additional important safety information.