

4.1 Handy AID and Pump Gear

- Fast-acting carbs
- CGM and sensors
- Rapid-acting insulin pen
- Long-acting insulin for basal backup
- Spare infusion sets and cartridges
- 70% alcohol pads
- Glucagon kit for a severe low
- Blood ketone meter or urine ketone test strips for severe highs
- Diabetes identification
- Emergency phone numbers

4.2 Diabetes Websites, Forums, and Blogs

- American Diabetes Assoc.: www.diabetes.org
- National Institute of Diabetes & Digestive and Kidney Diseases: www.niddk.nih.gov/health-information/diabetes
- American Assoc. of Clinical Endocrinologists: www.aace.com
- Association of Diabetes Care & Education Specialists: diabeteseducator.org
- Breakthrough T1D: <https://www.breakthrough1d.org/>
- A Sweet Life: asweetlife.org
- Beyond Type 1: beyondtype1.org
- Children with Diabetes: childrenwithdiabetes.com
- Diabetes Mine: diabetesmine.com
- Diabetes Services: diabetesnet.com
- Diabetes Strong: diabetesstrong.com
- DiaTribe: diatribe.org
- Integrated Diabetes Services: integrateddiabetes.com
- Six Until Me: sixuntilme.com/
- TCOYD: tcoyd.org
- T1D Exchange Glu: myglu.org
- Type One Nation: jdrf.org/community/typeonenation

4.3 Where to Wear a Pump

There is a wide range of clothing, cases and carriers, backpacks for kids, sleep and sports clothing with specially designed pockets, and pouches that attach to a bra or garter belt. This head-to-foot list comes from Barb Chafe of Insulin Pumpers Canada and other pumpers!

- Inside clothing so only the pump clip shows
- Clipped on a bathrobe
- In bicycle/tennis shorts worn under clothing
- In a regular or sports bra in the front middle
- In a baby sock pinned inside clothing
- Clipped onto the back of a bra
- Clipped onto a bra under the arm
- In a shelf bra sewn into the top of a camisole
- In a garter or garter belt
- Inside pump cases like the Waist-It, Thigh Thing, Clip-N-Go, Leg Thing, or Sports Pak
- In a vest with pockets for electronic gadgets
- Slipped under a pillow at night
- Pinned or clipped to bedsheets
- In pockets sewn on the outside of clothing with the tubing threaded through the back of the pocket.
- In Tubi-Grip, a stretchy wrap from home health stores that can be put around an arm or leg
- In a pocket sewn inside a bathing suit, favorite jammies or on clothing
- Carried in a fanny pack
- On a backpack strap
- Strapped on the arm
- Velcroed or safety-pinned in homemade products
- In body slimmers under other clothing
- In your boot
- Strapped to a thigh or calf with elastobandage
- In a Frio pump wallet for extreme cold or heat
- Clipped to your belt/waistband - front or back
- Slipped into the top of your sock with the tubing running down the leg
- In a smartphone case or change purse
- In a leather gun holster
- In a money belt
- Hanging in a pouch attached to a strap around the neck (useful when trying on clothes at a store)
- Hanging with a carabiner (mountain-climbing clip) or with a key ring and case
- Strapped to the headboard of the bed

4.4 Know What To Do If Your AID System or Pump Stops Working

Should your AID system cease to function or you find yourself without supplies, transitioning back to injections is a straightforward process. Keep an insulin pen or syringes and a bottle of rapid-acting insulin at hand, along with an insulin pen containing 24-hour glargine or Lantus to replace basal insulin delivery. It's important to note that longer-acting Tresiba and Toujeo can complicate transitions and are not recommended.

Insulin syringes, as well as Regular and NPH insulins, are readily available without prescription, letting you manage your insulin needs. With its shorter action time, NPH requires two equal injections daily to replace basal insulin. Walmart ReliOn Regular (R) and NPH (N) insulins are accessible and competitively priced options. In case of an insulin shortage, your regular pharmacist can often provide a bottle without a prescription.

Replace Your Basal and Bolus Delivery with Injections:

1. For basal delivery (about half your daily insulin), take the same number of units of long-acting insulin when you go off the pump to replace your basal insulin. If you know only your average TDD, take half of this amount as long-acting insulin.
2. If you don't have long-acting insulin on hand, replace basal insulin with injections of rapid insulin taken every 4 hours at a dose equal to 4 times your hourly basal rate. For instance, if your basal rate is 1.0 unit an hour, you would take four units by injection every 4 hours to replace this basal.
3. Use your CarbF and CorrF to calculate the bolus doses you need. Determine bolus doses with the bolus calculator in your pump or phone app if this still works.
4. For simple tracking of IOB after an injection, calculate that 20% of the bolus will be used each hour for 5 hours.
5. It's crucial to check your CGM or perform fingersticks frequently to ensure the new injection doses are effective.
6. When you go back on your pump, use a temp basal reduction to offset any residual long-acting insulin left from the last injection.

Know your current basal rates, TDD, CarbF, and CorrF in case of a pump failure.

4.5 Going Off Your Pump

Situations like water skiing, river rafting, or pump failure may necessitate going off a pump for a while, or you may want a pump vacation. These suggestions help you when you go off a pump for different lengths of time. Discuss these options with your physician.

When the time off is:	Try this:
Less than 1 hour	Give no insulin if glucose is in range. Give a bolus before detaching if your glucose is above target or you plan to eat carbs soon.
1 to 4 hours	Before disconnecting, bolus 80% of the basal you'll miss while off the pump. Reconnect and bolus for any unplanned carbs you eat or inject rapid insulin.
More than 4 hours or overnight	Bolus before disconnecting or inject rapid-acting insulin to cover carbs plus the next 4 hours of basal insulin. Inject to replace the basal insulin every 4 hours and to cover carbs. For overnight, inject rapid-acting insulin equal to 4 times your basal rate every 4 hours, or inject long-acting insulin equal to the next 12 hours of basal insulin.
More than a day	Find the average basal insulin units you use daily in your pump history. Inject the same number of units of long-acting insulin once a day to replace your basal insulin for each day you are off your pump. Then, cover carb and correction doses with rapid-acting insulin using your usual CarbF and CorrF.