

Basic troubleshooting tips

PROBLEM	SOLUTION
<i>Insertion</i>	
<ul style="list-style-type: none"> Difficulties with self-insertion 	<ul style="list-style-type: none"> Try using an infusion set that has an available SERTER® device
<i>Infusion Site</i>	
<ul style="list-style-type: none"> Blood in the cannula Wet or leaky dressing Rash, redness, itching, burning 	<ul style="list-style-type: none"> Change infusion set
<ul style="list-style-type: none"> Infection 	<ul style="list-style-type: none"> Use topical antibacterial ointment If problem persists, contact your physician
<ul style="list-style-type: none"> Infusion set does not adhere 	<ul style="list-style-type: none"> Use I.V. Prep® wipes and/or Mastisol® adhesive
<i>Tubing</i>	
<ul style="list-style-type: none"> Air or blood in tubing Loose connection 	<ul style="list-style-type: none"> Disconnect tubing and prime out the air Reconnect to set, ensuring that connections are tight
<ul style="list-style-type: none"> Leakage or smell of insulin 	<ul style="list-style-type: none"> Change infusion set Tighten connections

1. Thethi TK, Outland J, Kawji H, et al. Loss of glycaemic control over time after infusion line change in patients with type 1 diabetes treated with continuous subcutaneous insulin infusions. Paper presented at: 89th Annual Meeting of the Endocrine Society; June 2-5, 2007; Toronto, Ontario, Canada. Abstract OR56-1.
2. Centers for Disease Control (CDC). Toxic-shock syndrome in a patient using a continuous subcutaneous insulin infusion pump—Idaho. *MMWR Morb Mortal Wkly Rep*. 1983;32(31):404-406, 412.
3. Ask the diabetes team. Children with Diabetes Web site. http://www.childrenwithdiabetes.com/dteam/2007-05/d_0d_en6.htm. Updated May 1, 2007. Accessed October 22, 2007.
4. Chowdhury TA, Escudier V. Poor glycaemic control caused by insulin induced lipohypertrophy. *BMJ*. 2003;327:383-384. <http://www.bmj.com/cgi/content/full/327/7411/383>. Accessed October 22, 2007.
5. Rice D, Sweeney K. Choosing and using an insulin pump infusion set. *Diabetes Self Manag*. 2006;23(6):60, 62-64, 67.
6. The Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. *N Engl J Med*. 1993;329(14):977-986.
7. NovoLog® [proposed physician insert]. Princeton, NJ: Novo Nordisk Inc.; 2007.

Simple steps for preventing infection

Besides changing infusion sets and sites every 2 to 3 days, avoid using your infusion sets with broken seals or expired “use by” dates.

Other precautions:

- Wash your hands prior to handling sets
- Thoroughly prep site
- Check for leakage
- Verify proper insertion
- Avoid touching or breathing on the needle or cannula

Three easy ways to stay well supplied

In order to maintain your health and the effectiveness of your insulin pump therapy, it is extremely important to have the supplies you need when you need them.

Easy ways to order your supplies:

- Call our Supply Order Services Department toll-free at **1-800-646-4633** and select option 2
- Visit our Online Store at <http://store.medtronicdiabetes.com>
- For convenient, automatic replenishments, sign up for **mySupplyConnection™*** by calling 1-800-646-4633 and selecting option 2

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**Infusion set management tips
 for achieving balance and control**

*Includes recommendations from the U.S.
 Centers for Disease Control and Prevention*



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Change the set. Rotate the site—every 2 to 3 days.

Successful pumping relies on proper infusion set and site management. Changing your infusion set, coupled with site rotation, every 2 to 3 days will optimize the effectiveness and safety of your therapy.¹

Replace infusion set and reservoir every 2 to 3 days

The U.S. Centers for Disease Control and Prevention (CDC) recommend changing your infusion set every 2 to 3 days.² Changing your infusion set and reservoir regularly can help prevent:

- Infection²
- Unexplainable highs¹
- Scarring³
- Fatty tissue buildup⁴
- Long-term complications^{5,6}

In addition, insulin loses its strength over time,⁷ especially with heat and agitation. As this happens, insulin becomes less effective, and controlling your blood glucose becomes more difficult. Therefore, it is critical to change your insulin reservoir every 2 to 3 days as well.

Why regular site rotation is critical

If you rotate your infusion site every time you change your infusion set and reservoir, you'll help promote healing and ensure the future availability of many healthy and viable infusion sites. Proper infusion site rotation also promotes predictable insulin absorption.



Use it right and use it in good health.
Change your infusion set every 2 to 3 days.

Selecting the best infusion sites

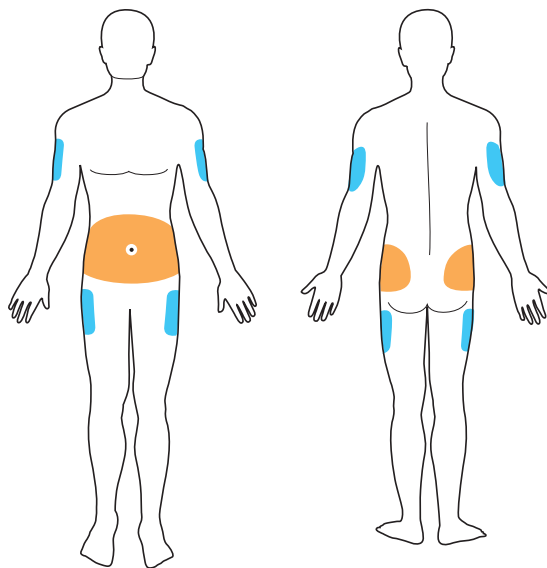
Different areas of your body absorb insulin at different rates. Your healthcare provider can help you select the best sites for your particular body type. Here are some commonly recommended areas and their relative insulin absorption rates:

Abdomen — considered the most efficient absorption area

Hips and buttocks — slower absorption than in the abdomen but may be preferable for more active patients

Outer thigh — slower absorption than the abdomen, however, rate may rise with physical activity. Interior thigh area should be avoided due to higher risk of irritation and infection.

Back of the arms — slower absorption than in the abdomen, however, rate may rise with physical activity

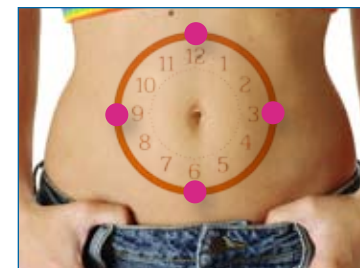


Orange circle: Recommended infusion sites

Blue circle: Possible infusion sites

Abdominal rotation methods

The abdominal area is the most common site for infusion set insertions because the absorption is very consistent. Some people find that using a simple visual scheme helps them rotate infusion sites in an easy, organized way. Here are simple diagrams of 2 commonly used methods. For maximum effectiveness, consider using both methods and alternating between them. In both cases, avoid the 2" area surrounding your belly button.



Visualize an imaginary clock drawn on your abdomen surrounding your belly button. Rotate infusion sites by starting at the 12 o'clock position and then rotating the site clockwise to 3 o'clock, 6 o'clock, and so on.



Imagine an "M" or "W" pattern approximately 4 inches long on either side of your belly button. Start at the end of one letter and proceed through the letter, rotating the infusion set at each intersection.