

Tips for Success Points

- 1. Schedule Sleep Activity:** Set for a minimum of 5 hours, turning on 1-2 hours post your last evening meal, and turning off prior to your first meal of the day. You can choose different time frames for weekend/ weekday or for shift work with the use of 2 schedules.
- 2. Wear your CGM effectively.** Help CGM connection by facing your pump screen outwards and wear the pump on the same side of your body as the sensor.
- 3. Bolus before all food** by entering carbohydrate into the bolus calculator, unless directed otherwise by your health professional.
- 4. Avoid overriding boluses** to give more insulin than the pump recommends. Automatic boluses are delivered quickly and may not be noticed. Always check Status Screen or bolus icons on CGM graph for confirmation. It is recommended to only enter carbohydrates that are eaten.
- 5. Review treatment guidelines for hypoglycaemia**
A smaller treatment of ~5-10g rather than the traditional 15g quick acting glucose may be needed, since insulin may already have been reduced or suspended prior to hypoglycaemia by the technology.* Review your customised plan with your healthcare professional.
- 6. Read bolus prompts carefully.** If glucose is between 3.9 and target (6.1 mmol/L when CIQ is turned on), the pump will give you the option to reduce the bolus calculation. If you prefer to receive the full bolus for your meal/snack, press 'No' or 'X'. Press 'Yes' or 'Image' to subtract insulin.
- 6. Suspend insulin when disconnecting**
You may miss an automatic correction or, basal adjustment if disconnected. Set the resume reminder alert from to silence alarms and help you remember to resume insulin once pump is reconnected. Suspend/ stop insulin when disconnected (e.g. for showering). Not suspending the delivery could impact ongoing basal modulation or auto-corrections, also the system will have inaccurate estimate of insulin on board (IOB)
- 7. Consider the use of multiple Personal Profiles** when you have large changes in insulin requirements, such as illness or strenuous exercise. Discuss additional use of up to 6 profile pump settings with your healthcare team.
- 8. Consider the use of Exercise Activity** before, during and after periods of time with increased risk for hypoglycaemia. It is recommended to turn on ~60-90min prior to activity and turn it off when the risk for lower glucose levels has minimised. For strenuous activity, you may wish to set up a specific Personal Profile in addition to the Exercise Activity. Discuss your exercise management plan with your healthcare team.
- 9. Control-IQ technology is not a replacement for active self-management of diabetes;** don't ignore signs and symptoms if in doubt get your meter out, change your infusion set and site every 2-3 days, troubleshoot pump, infusion set and cartridge issues as required, remembering Technical Support Team is open 24/7 for your support.

* Messer LH, Berget C, Forlenza GP. A Clinical Guide to Advanced Diabetes Devices and Closed-Loop Systems Using the CARES Paradigm. Diabetes Technol Ther. 2019;21(8):462-469. doi:10.1089/dia.2019.0105

MISSED/LATE MEAL BOLUSES

The Endocrine Society recently provided consensus recommendations¹ for delayed or missed meal boluses in AID and how to adjust the bolus dose:

30-60 minutes after start of meal

Deliver half of
recommended food bolus

More than 60 minutes after start of meal

Deliver system recommended
correction bolus only

The automatic correction bolus feature of Control-IQ technology helps improve TIR² and decreasing burden for those who miss bolus doses or are imperfect carb counters. This information should give you confidence in supporting your patients using Control-IQ technology.

References: 1. Consensus Recommendations for the Use of Automated Insulin Delivery Technologies in Clinical Practice - PubMed (nih.gov) 2. <https://pubmed.ncbi.nlm.nih.gov/37067353/#:~:text=Conclusion%3A%20This%20pooled%20analysis%20of,experience%2C%20and%20high%20HbA1c%20levels.>