

TRAINING HANDBOOK

Accu-Chek® Solo micropump system



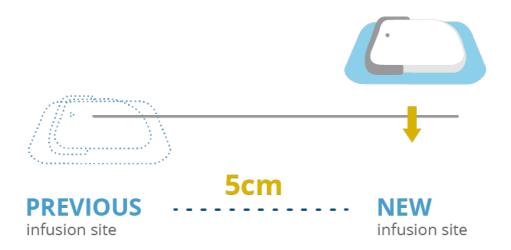
RECOMMENDED INFUSION SITES

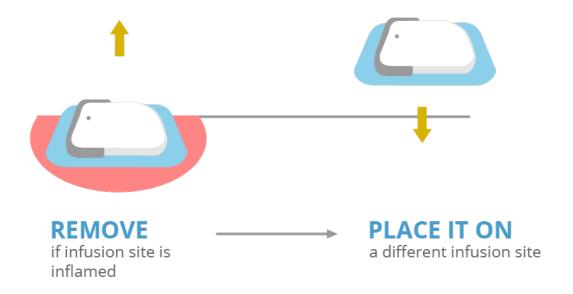
Instructions



INFUSION SITE







Blue areas: Recommended infusion sites

Grey areas: Possible infusion sites

Choose a suitable infusion site before inserting a new infusion assembly. Consult your healthcare professional for advice. Some examples are given here.

Infusion site		Characteristic
	Abdominal region	Typical infusion site with good insulin absorption.
	Uppar arm	Slower insulin absorption compared to the abdominal region.
	Thigh	Slower insulin absorption compared to the abdominal region.
•	Hip, lower back, buttocks	Slower insulin absorption compared to the abdominal region. Also suitable for physically active users, or in case of insufficient subcutaneous tissue elsewhere.

SET UP PROCESS

To make preparing the micropump easier, the startup procedure has been divided into 6 phases, which will be explained in detail on the following pages:

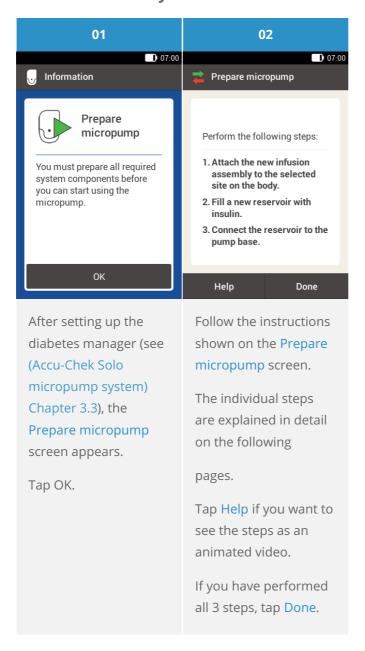
- · Place the infusion assembly onto the body
- Fill the new reservoir with insulin
- Connect the reservoir to the pump base
- Connect the micropump to the diabetes manager
- · Fill the reservoir needle
- Attach the micropump to the pump holder



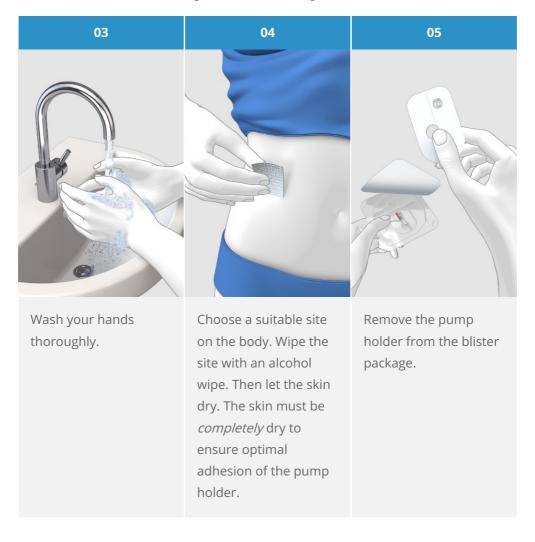
Marning

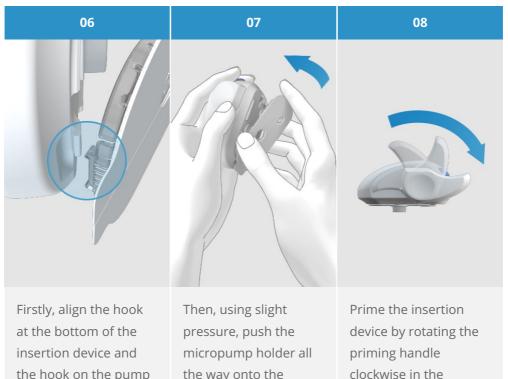
Reservoir, cannula and pump holder are sterile packed items and intended for single use. Do not use the system components of the micropump system if the respective sterile packaging was previously opened or damaged.

Attaching the infusion assembly



Phase 1: Place the infusion assembly onto the body

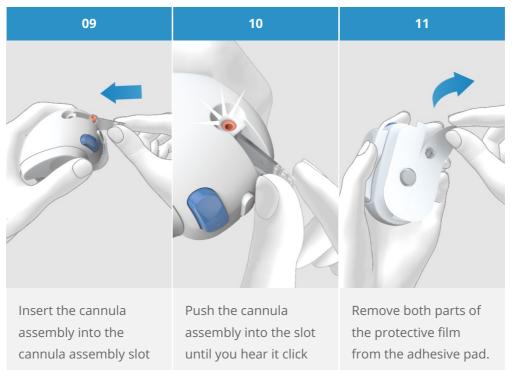




the hook on the pump holder, in such a manner, that they engage with each other.

the way onto the insertion device until it engages with the hook on the front of the insertion device.

clockwise in the direction of the arrow by approx. 180°.

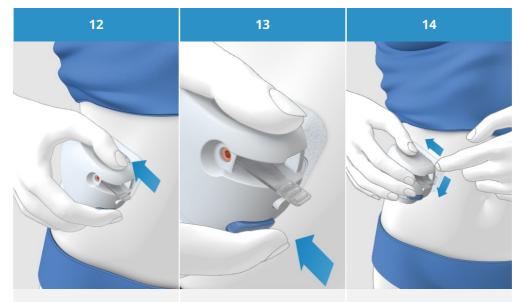


in a slanted direction with the lower opening facing forwards.

into place.

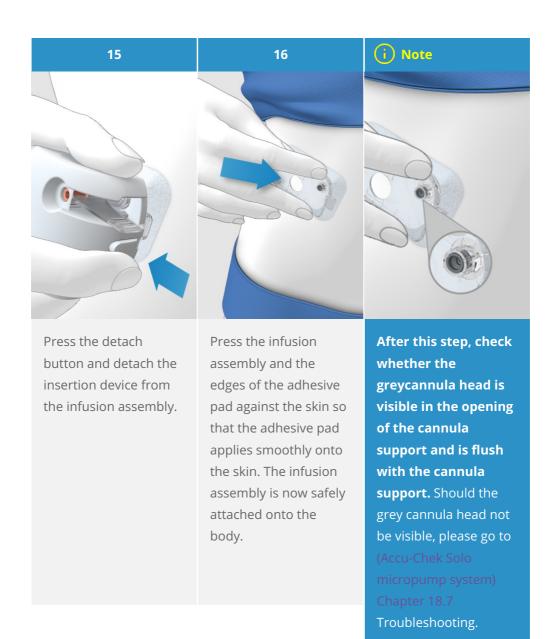
Look through the positioning aid to check whether the cannula assembly is in the correct position.

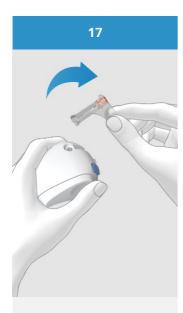
Do not touch the adhesive surface of the adhesive pad.



Ensure that the surface of your skin is taut and flat. Press the insertion device firmly against the selected site of the body so that the adhesive pad applies evenly onto the skin.

Press the release button. The cannula is then inserted into the body. Smooth the adhesive pad around the infusion assembly. In doing so, press the adhesive pad firmly onto the skin.





Remove the used cannula casing from the insertion device. Dispose of the used cannula casing according to local regulations.



Check your blood glucose level after changing the infusion assembly, at least once within a period of 1 to 3 hours and at least four times a day.

If your blood glucose level increases for inexplicable reasons or if an occlusion alarm occurs, check the micropump and the infusion assembly for occlusions and leaks. Immediately replace the infusion assembly if you are not sure whether it is working properly.

The cannula and the pump holder must not be re-used. During disposal, ensure that no other people are injured with the cannula, as there is a risk of infection with the cannula and cannula housing.

Phase 2: Fill the new reservoir with insulin

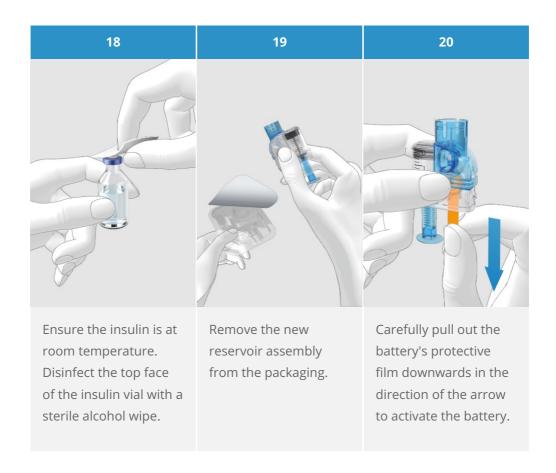
The reservoir is the insulin container for the micropump. In addition to the reservoir assembly, please have the following things at hand:

- an insulin vial with U100 short acting insulin
- a sterile alcohol wipe



Marning

The reservoir assembly comes in sterile packaging and is intended for single use. Do not use the system components of the reservoir assembly if the sterile packaging was previously opened or damaged.



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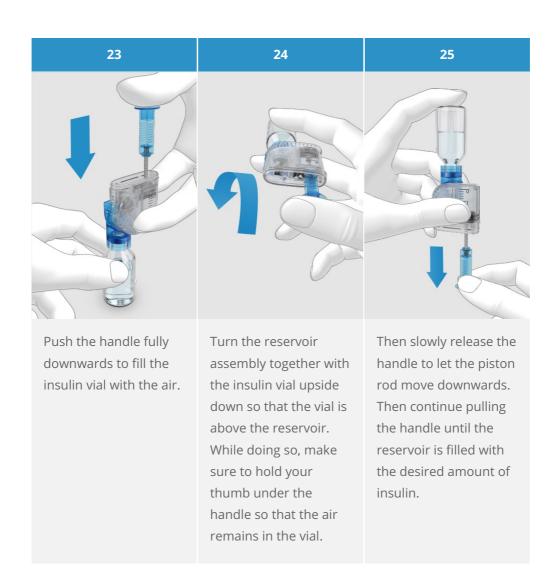


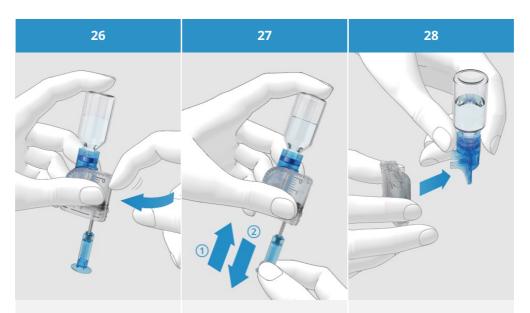
Firmly hold the round part of the handle and pull it downwards in the direction of the arrow. Fill the reservoir with the volume of air that you later want to fill with insulin.

The reservoir must always be filled with at least 80 U (0.8 ml). The reservoir has a maximum holding capacity of 200 U (2.0 ml).



Put the insulin vial on a flat surface (e.g. a table top). Place the filling aid onto the vial. Push the filling aid downwards until you hear it click into place.





Make sure that there are no air bubbles in the reservoir. Gently tap against the reservoir with your finger to make any air bubbles move in the direction of the filling aid.

Slowly push the handle aid upwards in the direction of the arrow (1) to remove air bubbles from the reservoir.

Slowly pull the handle aid downwards in the direction of the arrow (2) until the reservoir is filled with the required amount of insulin again.

Detach the filling aid from the reservoir by removing it sidewards in the direction of the arrow. Caution: There is a risk of injury by the reservoir needle.

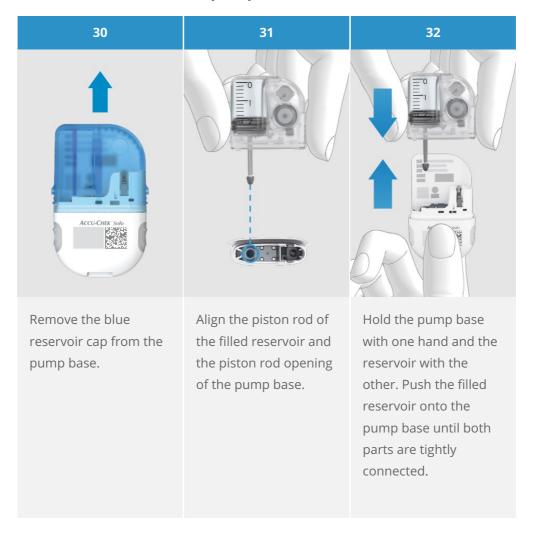
Dispose of the filling aid.



Gently compress the handle aid on the ribbed surface (1) and then remove the handling aid laterally from the piston rod (2).

Dispose of the handle.

Phase 3: Connect the reservoir to the pump base



After connecting the reservoir to the pump base, the pumpbase issues 2 beeps to confirm that the system components are correctly connected and the battery is activated.



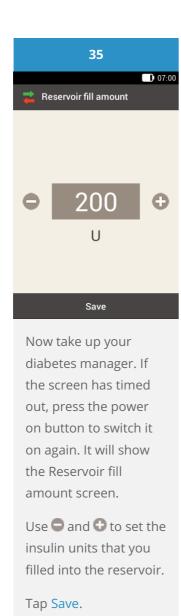
Make sure that there is no gap between the reservoir and the pump base.

Do not exert too much force to connect the pump base to the reservoir.





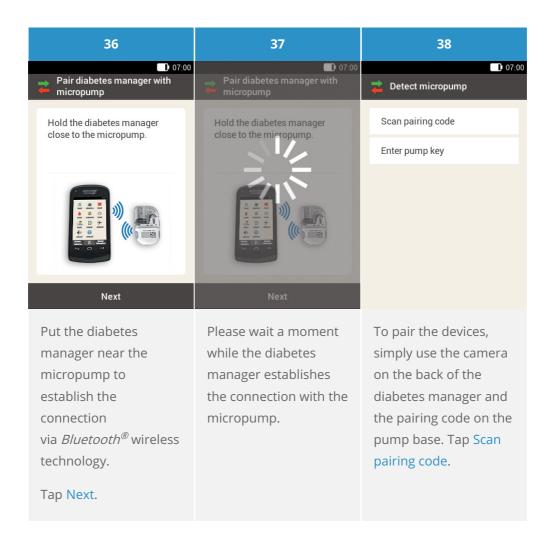
Read the reservoir level using the reservoir scale. With 2.0 ml (200 U), the reservoir shown in the figure above is fully filled.



Phase 4: Connect the diabetes manager to the micropump

To be able to operate the micropump using the diabetes manager, you must pair both devices. Once they are paired, the pairing settings are stored in both devices, so that you do not have to repeat the pairing procedure until you want to pair a new micropump base.

The pairing ensures that if the connection via *Bluetooth®* wireless technology between the diabetes manager and the micropump is stopped or interrupted for any reason, the connection will be automatically restored once the devices are in an appropriate range to each other.



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Point the camera of the diabetes manager at the pairing code on the pump base. Hold the diabetes manager in such a way that the pairing code appears in the middle of the screen.



When the pairing code is successfully scanned and recognized, the diabetes manager freezes the pairing code on the display and issues a sound.

The micropump and the diabetes manager are now paired with each other.

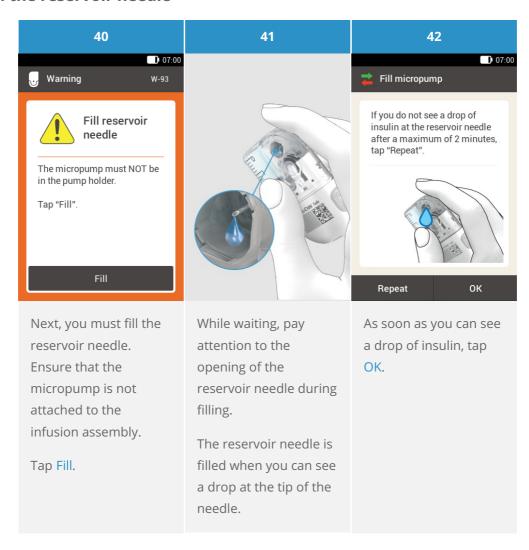
This process takes some time.



If you are not able to scan the pairing code, you can manually enter the pump key into the diabetes manager.

For more information on manual pump key entry see (Accu-Chek Solo micropump system) Chapter 18.3.

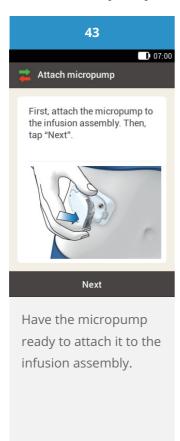
Phase 5: Fill the reservoir needle

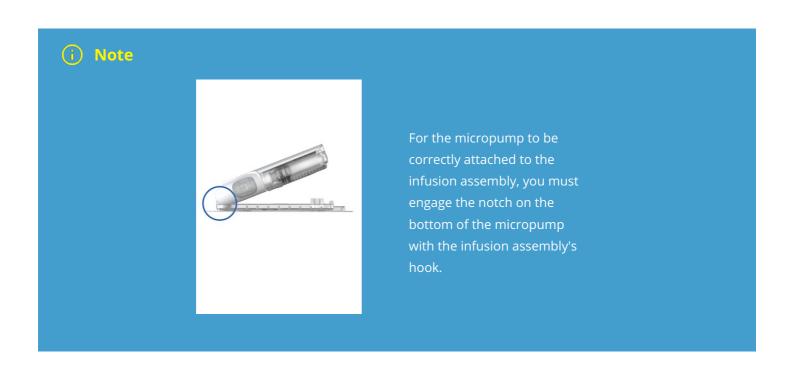




In case no drop appears, refer to Troubleshooting.

Phase 6: Attach the micropump

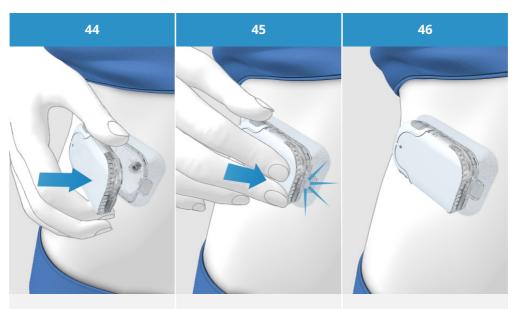




(i) Note

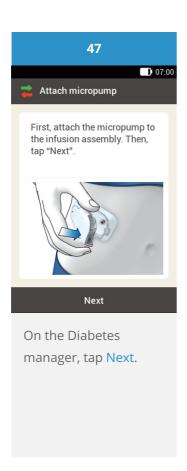


- Reservoir needle
- 2 Cannula support
- 3 Notch to attach the pump holder
- 4 Hook for attaching the mircopump



Place the micropump onto the infusion assembly using slight pressure. Exert some pressure on the pump shield for the micropump to engage with the hook at the front of the infusion assembly. You hear a click sound when the micropump is correctly placed onto the infusion assembly.

Check whether the micropump is safely attached to the infusion assembly.





The micropump is now ready for insulin delivery.

Check at regular intervals whether the adhesive pad with the infusion assembly is safely attached to the body. A loose infusion assembly may interrupt insulin delivery.

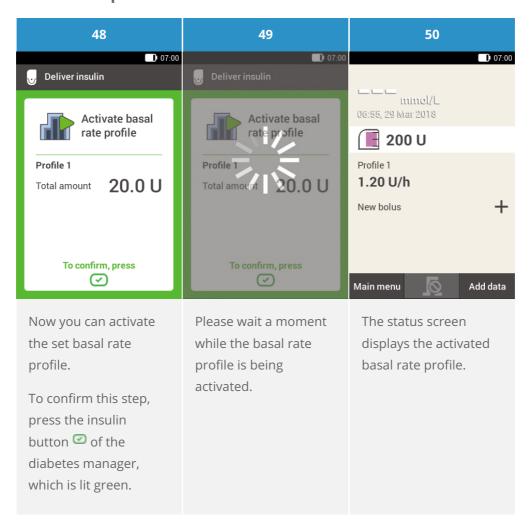
Check in regular intervals that pump holder and cannula are correctly connected to each other.

When your blood glucose level increases for inexplicable reasons or when an occlusion alarm occurs, check the micropump and the infusion assembly for occlusions and leaks.

If the infusion site becomes inflamed, immediately replace the infusion assembly at a new infusion site.

Immediately replace the infusion assembly if you are not sure whether it is working properly.

Activating the basal rate profile



Congratulations!

You made it through the setup. Now you are a pump user. Please continue reading this Handbook or visit the Accu-Chek Academy E-learning to learn more about all the functionality and options of the Accu-Chek Solo micropump system.

RECOMMENDED REPLACEMENT SHEDULE

Introduction to replacing system components



ROUTINES

MICROPUMP

use max. 120 days



change every

4 MONTHS

INFUSION ASSEMBLY

use max. 72 h



change every

3 DAYS

RESERVOIR

use up to 96 hours



change every

4 DAYS





test your blood glucose

AT LEAST 4X A DAY

For more information, refer to (Accu-Chek Solo micropump system) 4.4. Set up process.

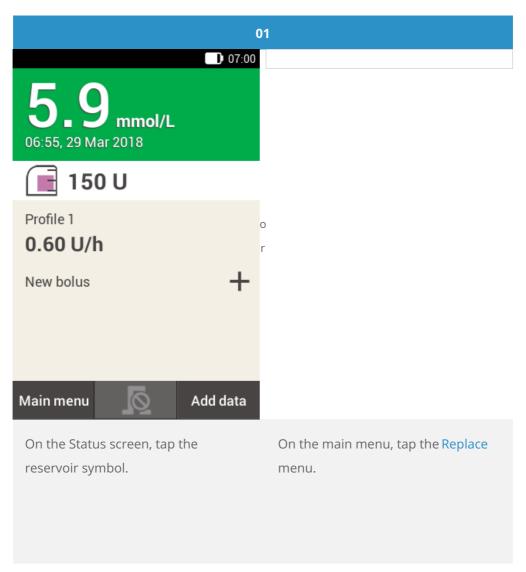
REPLACING THE INFUSION ASSEMBLY

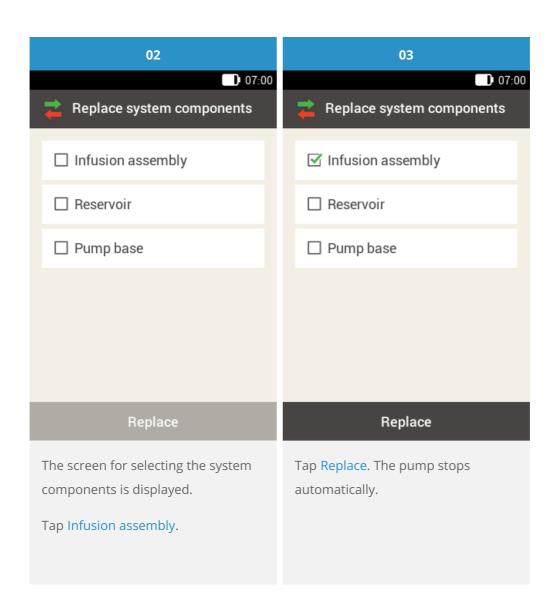
Have the following system components ready:

- · Pump holder
- Cannula
- · Insertion device
- · Diabetes manager
- · A sterile alcohol wipe

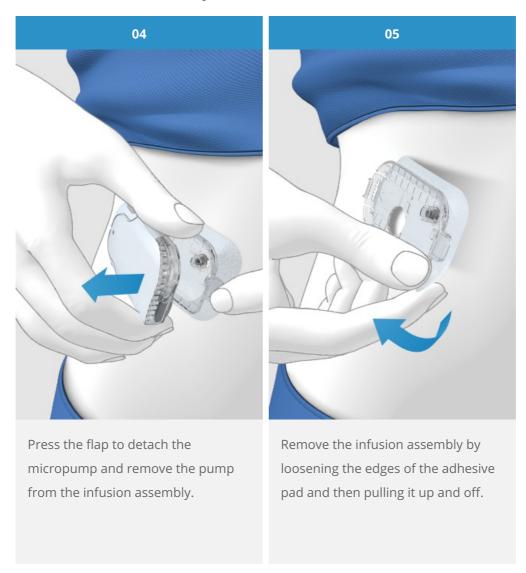
Always use the diabetes manager to initiate the replacement procedure by using the Replace menu. This ensures that all necessary information is transferred completely and that insulin delivery is continued after the replacement.

Starting replacement





Removing the used infusion assembly

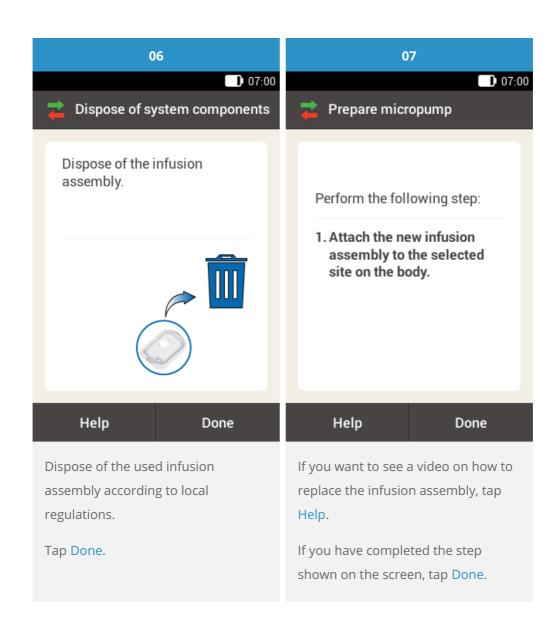




Pulling off the adhesive pad from the skin becomes easier if you dampen the infusion assembly with warm water or apply an oily lotion or cream.

A new infusion site must be at least 5 cm away from the previous infusion site. Ask your doctor or HCP for advice on how to rotate infusion sites.

Change the infusion site if the skin shows signs of rashes, redness, itching or burning.

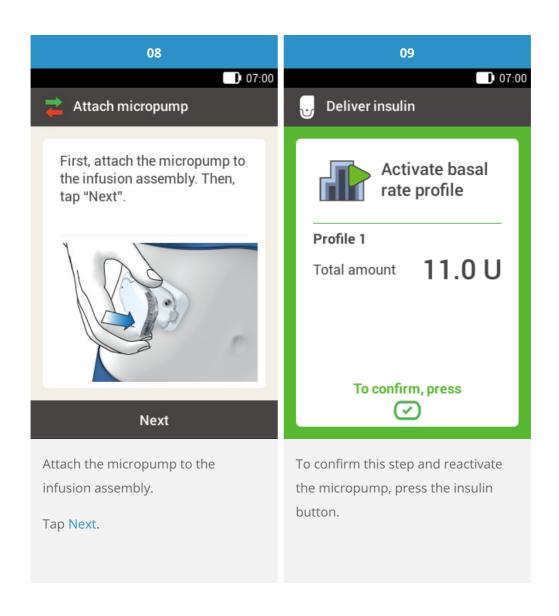


Placing the infusion assembly onto the body



Note

See (Accu-Chek Solo micropump system) Chapter 4.4 in this Handbook: Placing the infusion assembly onto the body





Note

Remember to measure your BG level after 1 to 3 hours to ensure the new infusion assembly is working properly.

Approved/listed/registered under the product name: Accu-Chek Solo micropump system

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