

# Top tips for using Omnipod 5

## Information for patients, relatives and carers

Here are the top 10 tips on how to use the Omnipod 5 system.

### 1. Weekly review of Glooko data

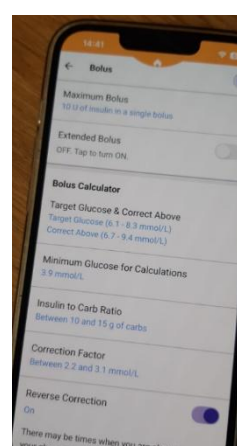
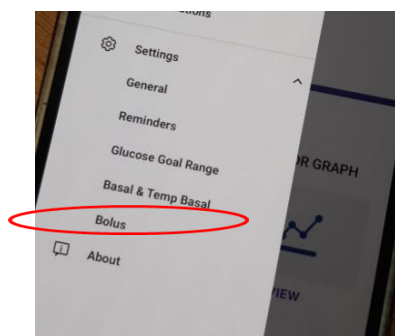
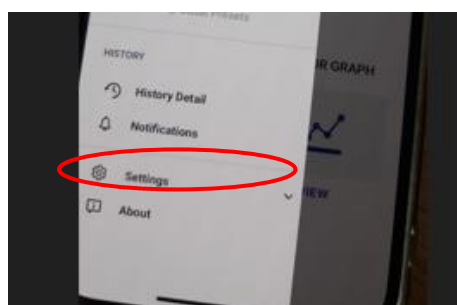
Each week Consider reviewing the following glucose topics:

- Time in Range (**TIR**)
- Overnight trends
- Post meal hyperglycaemia (high glucose >10mmol/L)
- Patterns of hyperglycaemia or hypoglycaemia (low glucose <4mmol/L)

### 2. Key settings to know

You can view these on the PDM or Glooko: -

- Insulin-to-Carbohydrate Ratio (**ICR**)
- Correction Factor / Insulin Sensitivity (**ISF**)
- Target Glucose (used by the system during Auto Mode)
- Basal Program (used during Manual Mode or in fall back situations)
- Active Insulin Time (used when calculating insulin on board (IOB))



### 3. Before making changes

Before making changes, first consider:

- **Was insulin given 15-20 minutes before meals?** *If it wasn't, the insulin may not be effective at the same time as the food is digested.*
- **Has your child been unwell or more stressed/ worried?** *Illness may raise insulin requirements/needs.*
- **Confirm that manual boluses are being entered as needed.** *Automated mode adjusts basal delivery but relies on you to administer insulin for your CYP's meals.*
- **Are infusion and CGM sites functioning well and being changed regularly?** *We recommend every 2-3 days to ensure the insulin is still effective. If the CYP has any signs of lipohypertrophy (lumps), the insulin will not be as effective, so this will need to be avoided.*

### 4. Spotting patterns

Look at trends over at least 3 days. Trends you may notice:

- **High glucose level after a specific meal** - may need ICR strengthening at previous meal if the basal hasn't been suspended. If it has been suspended, it may be that the ICR is too strong, so the basal insulin has been suspended to prevent the low and then caused a high glucose level afterwards. In this instance, you would weaken the ICR at the last meal.
- **Low glucose level after meal**- may need a weaker ICR at previous meal if no additional insulin has been administered. Additional insulin includes a basal increase or correction boluses of insulin. If this is the case prior to the low glucose episode, then the ICR should be strengthened with previous meal.
- **High glucose levels after a hypoglycemia episode** - could be due to the basal suspending, or that you have overtreated. We would recommend reducing the treatment quantity.
- **Low glucose levels after a hypoglycaemia episode** – may need to increase treatment for hypoglycaemia episodes (low glucose levels below 4mmol/L). It would also be helpful to identify why this is happening. Too much insulin with previous meals? Or mismanagement of exercise.
- **High glucose levels after hyperglycaemia** - If a correction dose of insulin was administered, the correction factor will need to be strengthened.
- **Low glucose levels after hyperglycaemia** - If a correction dose of insulin was administered, the correction factor will need to be weakened, if it was not, it will be due to the pump's algorithm, and you will need to look at preventing the low glucose level by weakening the ICR with the last meal.
- **Frequently low glucose levels overnight** - consult with your diabetes team, as this is a concern and we would consider raising your target glucose overnight. Another possibility would be that the evening meal ICR requires weakening if the low glucose levels started within 4 hours of the evening meal insulin dose.
- **Frequently high glucose levels overnight** - consider lowering the target glucose if able to. Another possibility would be that the evening meal ICR requires strengthening if high glucose levels are present 4 hours of the evening meal.
- **Low glucose levels during or after exercise** - consider reducing insulin dose for the meal before or after the activity depending on when it occurred and ensure that 'Activity' mode is started



60-90 minutes before the start of the activity and for the duration. Exercise can also contribute to low nighttime glucose levels if they aren't managed appropriately during the day.

- **High glucose levels during or after exercise** - If insulin dose was reduced with the meal before or after the activity, it may have been too much. Was 'Activity' mode left on for too long. Exercise can cause high glucose levels, especially if the person is competing so it may be best to discuss this with the team.

## 5. How to adjust the ICR (Insulin to carb ratio)

If the child or young person needs:

- An increase in insulin with a meal, the ICR would need strengthening

**e.g. Change from 1unit:10g to 1unit:9g**

- A decrease in insulin with a meal, the ICR would need weakening

**e.g. Change from 1unit:10g to 1unit:11g**

If the child or young person needs:

- An increase in insulin correction dose, as it is not currently bringing the glucose level back within target range, you will need to decrease the correction factor

**e.g. Change from 1unit:7mmol/L to 1unit:6.5mmol/L**

- A decrease in insulin correction dose because it is causing a low glucose level afterwards, you will need to increase the correction factor.

**e.g. Change from 1unit:8mmol/L to 1unit 8.5mmol/L**

Change settings gradually (by 5-10%) and assess effectiveness over several days before considering any further changes.

## 6. Using Activity mode

Turn on Activity Mode:

The use of activity mode will allow the pump to aim for a higher target (**default is 8.3 mmol/L**) during or ahead of physical activity. For best results we suggest turning activity mode on **90 minutes prior** to exercise. This can also be left on for a period after an activity has ended to reduce risk of hypoglycemia later. This helps reduce insulin delivery temporarily and prevent hypos. You may also find a small snack is required prior to the activity to help stabilize your glucose levels further

## 7. Sensor connectivity issues

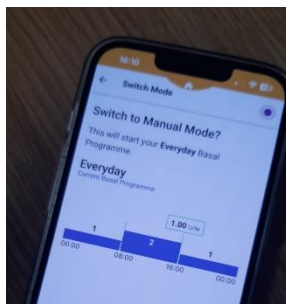
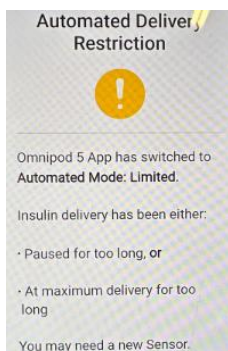
If you're using the Omnipod 5 hybrid closed-loop system, it's important to know that the pod relies on your CGM sensor readings to automatically adjust insulin delivery. If the sensor isn't working properly or the readings seem inaccurate, insulin dosing may be affected. In such cases, the pump may enter auto-limited mode, reducing automated insulin adjustments, or switch to manual mode, where you need to manage insulin delivery yourself. Always troubleshoot the sensor and replace it if needed to ensure accurate glucose data and safe insulin delivery. For any technical concerns regarding the sensor please use the following contact details depending on which sensor you are using:

Dexcom customer care - 0800 031 5763

Libre customer care - 0800 170 1177

## 8. Pump going into manual mode

The Omnipod 5 system may switch to manual mode if your glucose remains high for an extended period. This happens because the system recognizes that automatic insulin adjustments are not successfully bringing your levels down. Switching to manual mode lets you take direct control, giving correction boluses or making changes, while you work with your diabetes team to address the cause of the prolonged high glucose. This safety feature helps prevent inappropriate insulin delivery and ensures you get the right support.



## 9. Contacting the team

Omnipod number: **0800 011 6132**

## 10. Review schedule

We recommend you review your data every 1-2 weeks ensuring you are obtaining the best results from using the OP5! Please contact your keyworker once you have done so to discuss any changes you feel are required. Once we feel you can make changes independently, we will let you know.

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Table below showing what settings are relevant for specific pumps in everyday use:

Pump	Basal	Insulin to carb ratio	ISF – correction factor	Active insulin time	Target glucose	Exercise mode / Activity mode	Panther tool / clinical resource
Omnipod 5	X	✓	✓	✓	✓	✓	<a href="#">Panther tool</a>

## References

1. “Use of the Omnipod® 5 Automated Insulin Delivery System Activity Feature Reduces Insulin Delivery and Attenuates the Drop in Glycaemia Associated With Physical Activity.” Diabetes Care. 2025. DOI:10.2337/dc25-0141
2. Expert Consensus Recommendations on Time in Range for Diabetes.” Diabetes Care (PMC). 2023.
3. Pharmacy Times. “Omnipod® 5 Automated Insulin Delivery System – A Review for the Community Pharmacist.” 2022; Article



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Please contact the Patient Advice and Liaison Service (PALS) on:

### Frimley Park Hospital

**Telephone:** 0300 613 6530

**Email:** [fhft.palsfrimleypark@nhs.net](mailto:fhft.palsfrimleypark@nhs.net)

### Wexham Park and Heatherwood Hospitals

**Telephone:** 0300 615 3365

**Email:** [fhft.palswexhampark@nhs.net](mailto:fhft.palswexhampark@nhs.net)

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<b>Switchboard:</b> 0300 614 5000		<b>Website:</b> <a href="http://www.fhft.nhs.uk">www.fhft.nhs.uk</a>

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