בס"ד

ריעים מתוקים
Friends With Diabetes
INTERNATIONAL

Yom Kippur 5787 – Fasting Settings Card

Keep this where you can see it – on Erev Yom Kippur and through the fast. The reasoning for all of it is in the full guide.

Your pump

Pump	Target for the day	First night only (ends 6 hrs after last bolus)
Omnipod 5	120	Activity Feature, with a duration set
Medtronic 780G	120 (your target)	Temp target, with a duration set
iLet	"Usual"	"Higher," set as temporary
twiist	115–125	Time-of-day slot ends itself. On the workout preset you end it: 6 hrs, or 4 hrs before bed
Tandem Control-IQ	Regular Mode. Soften the correction factor – see the guide	Exercise Mode with a 6-hour timer, or a temp rate in Control-IQ+

If your basal is covering food – inaccurate carb counting, or going low waiting for breakfast or the Shabbos meal – add a temp rate of about minus 20% for the fast, and let the algorithm work on top of it (Tandem; see the guide).

The whole rule in one line: a higher target means less insulin, and less insulin is the DKA side. A target of 140 to 160 is too high. Exercise mode, activity mode and a high temp target belong to the first night only, never to the day.

Warning signs of DKA – act immediately

- **Nausea**, even mild. The first and most common sign.
- **Shortness of breath, or heavy, deep breathing.** Some people get this without any nausea.
- A headache on its own is not a sign. That is what fasting feels like.
- **What to do:** check your ketones now. **If you cannot check, break the fast** – eat and drink regularly, not shiurim.

Ketones – what the number tells you

- **0.6 to 1.5** – continue eating and drinking shiurim for the rest of the day. Sip a sweet drink slowly so you can take insulin. Insulin is the only thing that stops DKA, and water alone does not lower ketones.
- **1.6 and above** – stop fasting. Eat and drink regularly for the rest of the day, sipping slowly if the nausea makes it hard.
- Blood meter only. Check at any sign of nausea or shortness of breath, if your numbers have been running high, and again after you have eaten and taken insulin.

A low, and a high

- **Below 70:** treat as you would any other day. If you catch it before 70 you can still eat shiurim.
- **Trust the symptoms over the number.** The sensor can read higher when you are dehydrated.

- **Through the mouth, and nothing else.** No glucagon, no IV glucose, no suppositories. This is halacha.
- **Above 180:** a very small correction, or let the pump handle it. Wait two hours before correcting again.

Break the fast if

- Your pump stops insulin delivery completely, even for half an hour.
- Nausea or heavy breathing appears and you cannot check ketones.
- Your ketones reach 1.6.
- The only way to stay out of a low would be to drastically cut your insulin, and that you cannot do.

Breaking the fast

- Normal settings back about an hour before the end, unless you are running low.
- Water at the zman, even before Maariv and Havdala.
- **More insulin for the meal.** Tandem: temp basal 150% for a couple of hours. twiist: pre-meal range. Medtronic, Omnipod, iLet: target back to normal or lower. Or a stronger carb ratio, on any pump. Pick one, not both.
- Half an hour between the first bolus and eating. Do not load up on carbs.

31 Herrick Avenue, Unit B, Spring Valley, NY 10977 • friendswithdiabetes.org
Phone 845-352-7532 • Text 845-470-5510 • Fax 845-573-9276