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User Guides

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The documents below require the Adobe Reader to view or print.

Note:

Customers outside the U.S., please contact your local Medtronic Diabetes representative to receive a user guide appropriate for your area.

MiniMed Paradigm 522/722 User Guide	(File size: 1.8 MB) Download times on a 56k modem: 4:15 minutes
MiniMed Paradigm 522K/722K User Guide for Pediatrics	(File size: 2.1 MB) Download time on a 56k modem: 5:00 minutes
MiniMed Paradigm 522/722 Sensor Features Guide	(File size: 1.1 MB) Download times on a 56k modem: 2:33 minutes
MiniMed Paradigm 522K/722K Sensor Features Guide for Pediatrics	(File size: 1.7 MB) Download time on a 56k modem: 4:02 minutes
MiniMed Paradigm 522/722 Insulin Pump Wallet Card	(File size: 48 KB) Download times on a 56k modem: less than 1 minute
Insulin Pump Daily Journal	(File size: 550 KB) Download times on a 56k modem: 1:15 minutes
MiniLink REAL-Time Transmitter User Guide	(File size: 759 KB) Download time on a 56k modem: 2:08 minutes
Training information for MiniLink REAL-Time Transmitter Upgrade (for MiniLink UPGRADE patients only)	(File size: 55 KB) Download time on a 56k modem: 0:08 minutes
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- Features
- Skins
- Frequently Asked Questions
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- User Guides

Guardian® REAL-Time
CareLink™ Therapy Management Software
Infusion Sets
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Frequently Asked Questions About the MiniMed Paradigm® REAL-Time System

Type Size + −

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Insulin Pump

How small is the MiniMed Paradigm Insulin Pump?

top

The MiniMed Paradigm 522 Insulin Pump is about the size of a cell phone. The MiniMed Paradigm 522 Insulin Pump measures just 2 x 3.0 x 0.8 inches. The 722 model is about one half-inch longer in length (0.6 inch longer) than the 522 Insulin Pump: Exact dimensions are 2.0 x 3.6 x 0.8 inches.

How light is the MiniMed Paradigm Insulin Pump?

top

A MiniMed Paradigm 522 Insulin Pump with a full reservoir weighs just 100 grams. The MiniMed Paradigm 722 Insulin Pump with a full reservoir is just 108 grams.

What is the MiniMed Paradigm Insulin Pump's reservoir size?

top

The MiniMed Paradigm 522 reservoir has a maximum capacity of 176 units, which meets the needs of most people who use up to 50 units of insulin daily. The MiniMed Paradigm 722 Insulin Pump offers the benefit of a small-sized insulin pump while offering a larger reservoir size. The MiniMed Paradigm 722 Insulin Pump can hold up to 300 units of insulin; it can also use either of the two MiniMed Paradigm reservoirs – the 1.76 ml (MMT-326A) or the 3.0 ml (MMT-332A) reservoir.

Please note: *Insulin requirements may change over time, in particular during pregnancy and in adolescence. Therefore, you are encouraged to discuss this decision with your healthcare professional.*

What is the difference between the MiniMed Paradigm 522 and 722 Insulin Pumps?

top

MiniMed Paradigm 522 and 722 Insulin Pumps have the same features and capabilities. The only difference between the two insulin pumps is the size reservoir each can hold. The MiniMed Paradigm 722 Insulin Pump can accommodate either a 3 ml reservoir (MMT-332A), which holds 300 units of insulin, or a 1.76 ml reservoir (MMT-326A), which holds 176 units of insulin. The MiniMed Paradigm 522 Insulin Pump can accommodate just the 1.76 ml reservoir.

How do I determine which MiniMed Paradigm Insulin Pump is right for me?

top

Please note: *Discuss this decision with your healthcare professional since it relates to your insulin use.*

We have designed the MiniMed Paradigm 722 Insulin Pump for patients who use more insulin or anticipate using more insulin - specifically, more than 50 units daily. The MiniMed Paradigm 722 Insulin Pump can hold up to 300 units of insulin; it can also use either of the two MiniMed Paradigm reservoirs -- the 1.76 ml (MMT-326A) or the 3.0 ml reservoir (MMT-332A). Therefore, if you are anticipating life changes such as pregnancy or adolescence, you may appreciate the flexibility to upsize or downsize your reservoir. If you currently use more than 50 units daily, you may want to consider the MiniMed Paradigm 722 for its larger reservoir capacity.

The MiniMed Paradigm 522 Insulin Pump can accommodate our 1.76 ml reservoir, and it holds up to 176 units of insulin. It is ideal for people who require less than 50 units of insulin per day. In addition, it is the best choice for people who want the maximum discretion offered by the smaller, lighter-weight member of the MiniMed Paradigm Insulin Pump Brand.

top

What is the programming unit for basal rates on the MiniMed Paradigm

Insulin Pump?
The MiniMed Paradigm Insulin Pump can be programmed in 0.05 unit basal increments.

What infusion sets are available for MiniMed Paradigm Insulin Pumps? top
We offer a wide variety of infusion sets for use with the MiniMed Paradigm Insulin Pump. Every MiniMed Paradigm infusion set can be used with a Serter™ auto-insertion device for reliable, fast, easy and virtually painless insertion.

MiniMed Paradigm Infusion Sets	
Quick-set® infusion set (10/box)	
MMT-396	43" tubing with 9 mm cannula
MMT-397	23" tubing with 9 mm cannula
MMT-398	43" tubing with 6 mm cannula
MMT-399	23" tubing with 6 mm cannula
Silhouette® infusion set (10/box)	
MMT-377	17 mm cannula, 43" full set (10 complete sets)
MMT-379	17 mm cannula, 43" combo set (10 sites/5 tubing sets)
MMT-378	17 mm cannula, 23" full set (10 complete sets)
MMT-380	17 mm cannula, 23" combo set (10 sites/5 tubing sets)
MMT-381	13 mm cannula, 23" full set (10 complete sets)
MMT-382	13 mm cannula, 43" full set (10 complete sets)
Sof-Set Ultimate QR® infusion set (12/box)	
MMT-317	42" Quick Release™ soft plastic cannula set
MMT-318	24" Quick Release soft plastic cannula set
Sof-Set Micro QR® infusion set (12/box)	
MMT-324	42" Quick Release soft plastic cannula set (6mm catheter)
MMT-325	24" Quick Release soft plastic cannula set (6mm catheter)

When I order the MiniMed Paradigm Platform System, which infusion set will I receive? top
You will receive a supply of the specific infusion sets you ordered with your insulin pump.

How do I decide which set is right for me? top
Information on each type of infusion set is available here.

Can I use sets from other manufacturers with the MiniMed Paradigm Insulin Pump? top
It is important to understand that we do not test reservoirs and infusion sets from other manufacturers. As a result, we cannot, and do not, guarantee or warrant the performance of reservoirs and infusions sets not designed by us, and your warranty may not cover damage or malfunction caused by another reservoir or infusion set.

Can I swim or bathe while wearing a MiniMed Paradigm Insulin Pump? top
No, while the insulin pump is water resistant, which means that it is designed to survive only an accidental dunk or splash, you should disconnect temporarily from your MiniMed Paradigm Insulin Pump while bathing or if you plan to be active in or near water. Talk with your healthcare professional to establish a plan for diabetes management while you are disconnected if you plan to remove it regularly for swimming or other activity.

The Truth About Watertight

How much continuous glucose monitoring (CGM) system data can the insulin pump store? top
The insulin pump stores the last 90 days of CGM system data, which can be downloaded for historical analysis.

For additional Insulin Pump Tips: top
http://www.minimed.com/help/pumptips/index.html

MiniLink™ REAL-Time Transmitter

What is the transmitter? top
The MiniLink REAL-Time Transmitter attaches to your body separately from your infusion set and connects to the glucose sensor. Using radio frequency, the transmitter sends glucose data from the sensor to the insulin pump every minute and updates every five minutes.

What type of batteries does the transmitter use? top
The MiniLink REAL-Time Transmitter has a self-contained battery, which cannot be changed, but can be recharged using the battery-powered MiniLink charger.

What is the warranty for the MiniLink REAL-Time Transmitter and charger? top
Each has a 6-month warranty.

How will I know when the MiniLink REAL-Time Transmitter battery is getting low? top
When the MiniLink REAL-Time Transmitter reaches a low battery condition, it will notify the insulin pump. The insulin pump then displays a "LOW TRANSMTR" notification. From the first "LOW TRANSMTR" notification of a low battery, you have about five days of continuous use before the battery is completely depleted. You will then receive a "BAD TRANSMTR" notice which means the transmitter battery has been used up.

What is the operating range between the MiniLink REAL-Time Transmitter and the insulin pump? top
The MiniLink REAL-Time Transmitter and the insulin pump must be within six feet (approximately two meters) of each other for wireless transmission to occur.

What happens when the MiniLink REAL-Time Transmitter and insulin pump move out of range? top
If the MiniLink REAL-Time Transmitter and insulin pump are too far apart (about six feet or two meters), an alert will sound and either a "WEAK SIGNAL" or "LOST SENSOR" message will appear on the screen.

The MiniMed Paradigm REAL-Time System allows the user to set the period of time the insulin pump will wait before alerting you of a failed reception of continuous glucose monitoring (CGM) data from the transmitter to the insulin pump. The delay can be set for anywhere from 5 minutes to 40 minutes. The default setting is 30 minutes.

How much data does the MiniLink REAL-Time Transmitter store? If I move outside of the six foot (two meters) transmission range – will I lose my data? top
When the MiniLink REAL-Time Transmitter is separated from the insulin pump for more than six feet (approximately 2 meters), the transmission is considered "out of range." The transmitter holds 40 minutes worth of memory, so even though your system is "out of range," continuous glucose monitoring (CGM) data can be re-populated in the insulin pump.

If your system is out-of-range for longer than 40 minutes, when reviewing historical reports you would notice "data gap" where information is missing during this period of time.

Can I swim, shower, or bathe with the MiniLink Transmitter? top
Yes, the transmitter is waterproof, so you can swim, shower, or bathe with the transmitter and glucose sensor connected. The transmitter with the glucose sensor connected can be worn for a depth of eight feet (2.4 meters) for 30 minutes. However we do not recommend immersing them in very hot water (like a jacuzzi).

There should be no problems due to rain, splashing, or the accidental submersion in water. To participate in water activities, you can easily disconnect from your insulin pump.

As long as the transmitter is within 6 feet (approximately 2 meters) of the insulin pump, continuous glucose monitoring (CGM) data will be displayed on the insulin pump's screen. If the MiniLink REAL-Time Transmitter and insulin pump are out-of-range for longer than 40 minutes, only the last 40 minutes will be re-populated. When reviewing historical reports, you would notice a "data gap" where information is missing during this period of time.

Glucose Sensors

What is a glucose sensor? top
The glucose sensor is a tiny electrode worn for up to three days. Following a 2-hour initialization period, the glucose sensor measures glucose levels in the interstitial fluid, which is where cells get oxygen and nutrients, including glucose. The glucose sensor is easily inserted by patients, caregivers or healthcare providers into the skin (subcutaneous tissue) using the Sen-serter® automatic insertion device. Like many types of infusion sets, a needle is used to introduce the glucose sensor, but the needle is then removed leaving a tiny flexible electrode just under the skin. The glucose sensor is then connected to the transmitter so the readings from the glucose sensor can be transmitted to your insulin pump.

Does the glucose sensor infuse insulin? top
The glucose sensor measures glucose levels in your body's interstitial fluid (fluid between the cells). It does not infuse insulin, nor does the measurement automatically cause the insulin pump to infuse a certain amount of insulin. Insulin is administered through a traditional infusion set that should be inserted at least 2 inches away from the glucose sensor site. The Bolus Wizard® calculator will help you decide on insulin doses during the day, after you enter a glucose reading from a confirmatory fingerstick measurement.

Can glucose sensors be added to My Supply Connection? top
Unfortunately, since glucose sensors are presently a non-covered item we can't

add them to your My Supply Connection order like we can with your covered supplies (i.e. infusion sets, reservoirs). You can order glucose sensors by contacting us (1-800-MINIMED (646-4633), option 2). Just like with your infusion sets and reservoirs, we need a valid prescription each year for your glucose sensors.

In what temperature range should I store my glucose sensors? top
Glucose sensors are shipped in a protective foam container containing chilled gel packs designed to protect glucose sensors from temperature changes during shipment.

Glucose sensors can be stored at temperatures ranging from 36° to 80° Fahrenheit (2° to 27°Celsius) without the need for refrigeration or cooling.

- For any temperature greater than 80° Fahrenheit (27°Celsius), glucose sensors must be stored in a cooled environment (such as in an ice chest or refrigerator).
- For any temperature lower than 36° Fahrenheit (2°Celsius), glucose sensors must be stored in a warmer environment (you will want to avoid freezing conditions)
- As a general reminder, glucose sensors should not be frozen, or placed in direct sunlight, extreme temperatures or humidity.
- Of course, you can continue to store your glucose sensors in a refrigerator if you choose.

How long do glucose sensors last? Do they expire? top
Glucose sensors have a six-month expiration date from the time they are manufactured. An expiration date will appear on the outside of the glucose sensor box and on each individual glucose sensor package.

Where are the preferred body locations for wearing a glucose sensor? top
Placement of the glucose sensor may be affected by clothing, comfort, individual preference or experience. In the case of people using insulin, users may want to avoid recent infusion sites. Clinical trials for sensor accuracy have only involved sensors inserted in the abdominal stomach area, and sensor accuracy may differ from that described in product labeling if the sensor is inserted in alternate locations on the body.

Differences Between Blood Glucose Meter and Continuous Glucose Monitoring Readings

Why can't I use a sensor glucose reading to treat my diabetes? top
Patients and clinicians have a lot of experience with blood glucose meters. However they do not have not nearly as much experience with REAL-Time continuous glucose monitoring. The diabetes community is just beginning to learn about this new therapy option.

It is important that you continue to use your meter to confirm sensor glucose readings before treatment, particularly since the FDA has approved REAL-Time Continuous Glucose Monitoring (CGM) with conservative labeling. This labeling requires patients to take a fingerstick measurement before adjusting therapy, as well as for calibrating the CGM system.

It is important to recognize the value of REAL-Time CGM systems. The System helps you discover when is the best time to take a fingerstick.

An important benefit of using a CGM system is REAL-Time readings and trend graphs. They allow you to be proactive in your diabetes treatment so you can avoid severe highs and lows. You can see if your glucose is trending up or trending down and take action much earlier. With this information, you will be able to confidently make changes to your daily glucose management to improve your heath.

Do I enter the fingerstick reading or the continuous glucose monitoring (CGM) reading into the Bolus Wizard calculator? top
You should enter the fingerstick reading into the Bolus Wizard calculator.

The continuous glucose monitoring (CGM) readings do not match my meter readings. Should I be concerned about this? top
No, the important thing about REAL-Time CGM systems is the trend information as opposed to the actual numbers. If you are comparing numbers, you may want to consider that even though meters have been the standard for treating diabetes, their readings vary. For example, it is unlikely that two consecutive meter readings from the same blood sample will match. The odds are worse if you compare readings from two different meters. Perfectly matched readings – whether they come from meters or CGM systems, are unlikely to happen.

If your sensor glucose reading differs greatly from your meter readings, your glucose may be changing rapidly. It could be that you have recently eaten something. In about an hour, you will probably find that your glucose sensor and meter readings are more closely aligned.

The advantages of REAL-Time CGM are the trend graphs. The trend graphs allow you to see when glucose is trending up or trending down and how fast it is moving. All of these things help you manage your diabetes more effectively so you can live a healthier life.

Real-Time Alarms

What are the high and low glucose alert thresholds that I can set? top
High alert thresholds can be set as high as 400 mg/dL and the minimum low

alert threshold can be set as low as 40 mg/dL. High and low threshold ranges can be customized by the user.

Pediatric model low threshold can be set *no lower* than 90 mg/dL. You should discuss your personal threshold levels and alert settings with your healthcare provider.

Is there anything I can do to reduce the number of alarms I get? top
Yes, you can reduce the number of alarms you get by adjusting your user settings.

For example, you can change your high and low alert thresholds to levels that are appropriate for you. In addition, you can disable the "high glucose" alarm when you know you are going high. Another example is to adjust the time duration of the "snooze alarm" so that you receive fewer reminders. Other alarms can be avoided by taking action before they occur, such as doing your calibration on a regular schedule and keeping your transmitter within 6 feet (2 meters) of the insulin pump so that synchronization is not lost.

You will still get alarms, but it is important to know that each alarm serves a meaningful purpose. You need to pay attention to the number and type of alarms you receive so that you can fine tune your settings and optimize your therapy.

How loud are the alarms? I'm a sound sleeper, will it wake me up while I sleep? top
The alarm is loud enough to wake a person to take action. The system emits alarms of more than 50 decibels at 1 meter.

Sometimes when I enter a meter reading, the system displays a CAL ERROR. What is a CAL ERROR and what should I do when I get one? top
A CAL ERROR happens when a meter reading vastly differs from a CGM reading. There are three main reasons this can happen:

1. If you have an inaccurate meter reading, or a long delay between taking your fingerstick and entering your meter value into the CGM system, or if you use more than one blood glucose meter to calibrate
2. If you calibrated when your glucose is changing rapidly – such as after a meal
3. If there is something wrong with the sensor

If you get a CAL-ERROR, you should wait at least 15 minutes (or longer if you are in a circumstance of rapidly changing glucose values) before calibrating with a new meter reading. This will rule out whether the first meter value was accurate or not. And, if your glucose was changing rapidly, waiting awhile to calibrate allows your glucose to stabilize a bit so that does not cause another error.

If the new meter reading is still really different from the CGM reading, the sensor may need to be replaced. If this is the case, the system will display a second CAL-ERROR message, followed by a "SENSOR END" message. If this happens, you need to replace the sensor.

I wear a MiniMed Paradigm REAL-Time System and sometimes I get a WEAK SIGNAL or a LOST SENSOR message. What does this mean? top
In order to receive signals, your transmitter and insulin pump must be within 6 feet – or 2 meters – of each other. If they are outside of this range, you may lose your signal. Sometimes if you are too close to certain devices, such as cell phones, cordless phones, wireless networks, televisions and radios – they can interfere with your transmitter signal. If your signal is completely lost for about 45 minutes you will receive the LOST SENSOR message.

Calibration

Does the MiniMed Paradigm REAL-Time System replace fingerstick measurements? top
No. You still need to use your blood glucose meter to confirm a continuous glucose monitoring (CGM) reading before treating and to calibrate the CGM system. The FDA has approved REAL-Time CGM with conservative labeling, so fingerstick measurements are still required before therapy adjustments are made.

Why do I have to calibrate? top
Calibration is like buying a watch and setting the time for the first time. Glucose sensors are similar in nature. To initialize a glucose sensor, you need to enter a meter reading to give the system a starting point. And, just as a watch needs to be adjusted occasionally, so does a glucose sensor. You need to enter at least two meter readings a day – once every 12 hours. This aligns the glucose sensor with the meter so that continuous glucose monitoring (CGM) readings are representative of your blood glucose level.

How often do I have to calibrate the system? top
The MiniMed Paradigm REAL-Time System must be calibrated a minimum of twice a day (once every 12 hours). This is done by entering a fingerstick value into the insulin pump. However for best results, the System should be calibrated 3 to 4 times per day, with the calibrations spread throughout the day at periods when glucose is not changing rapidly.

If I calibrate more often, will the glucose sensor be more accurate? top
Not necessarily. The best practice is to calibrate 3 to 4 times per day. You need to spread your calibrations throughout the day.

When should I calibrate?

▲ top

It is best to calibrate when your blood sugar is not changing rapidly. We recommend that you calibrate on a routine schedule, for instance when you first wake up, before a meal, or before your bedtime snack. Try to find a time during the day when your blood sugar is stable. Make sure you do not calibrate when your blood sugar is changing rapidly, like within the first hour after a meal.

It is important to calibrate when glucose values are not changing rapidly. (For example, glucose is more stable before a meal. After a meal, it is more likely that glucose will change rapidly to adjust for the food being digested).

Pediatric Indication

Are insulin pumps and continuous glucose monitoring indicated for children?

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Yes! Our insulin pumps are indicated for persons of all ages requiring insulin. Our REAL-Time Continuous Glucose Monitoring (CGM) technology is indicated for patients age 7 and older. For children and teens ages 7-17 who are using CGM, separate pediatric models are indicated.

The pediatric model MiniMed Paradigm 522K/722K Insulin Pump is for children and teens 7-17 who will be using continuous glucose monitoring. (If continous glucose monitoring will not be used, the standard model 522/722 Insulin Pump can be used.)

There is also a pediatric model of the Guardian REAL-Time system.
Please see our Safety Information page for more details.

What are the differences between the pediatric model 522K/722K Insulin Pumps and the standard 522/722 models?

▲ top

The main difference is that the pediatric models feature a minimum low glucose alert threshold of 90 mg/dL for added safety, as part of the REAL-Time continuous glucose monitoring functionality. In the standard models, the minimum low glucose alert threshold is 40 mg/dL. There are two other differences:

- The high glucose alert threshold default setting is 280 mg/dL in the pediatric model instead of 200 mg/dL in the standard model.
- The pediatric model insulin pumps are not supported by Paradigm PAL™ software. This software is used by some customers to program and back-up insulin pump settings. Instead of using Paradigm PAL software, pediatric model users can use CareLink™ software. Although CareLink software cannot be used to program insulin pump settings, it can be used to document the settings, as well as generate treatment reports integrating insulin pump, CGM, meter and logbook data to help you understand how insulin dosage, eating habits, and exercise routine affect glucose levels.

What are the differences between the pediatric model Guardian REAL-Time System and the standard model?

▲ top

The main difference is that the pediatric model features a minimum low glucose alert threshold of 90 mg/dL for added safety. In the standard model, the minimum low glucose alert threshold is 40 mg/dL. Additionally, the pediatric model's default setting for the high glucose alert threshold is 280 mg/dL, instead of 200 mg/dL in the standard model.

CareLink Therapy Management Software

Why should I use CareLink Personal software?

▲ top

Understanding the effects of insulin dosage, eating habits, exercise routine, and medication on glucose levels is the key to improving your diabetes control. Seeing this cause-and-effect relationship in chart, graph, and table formats allows you to better identify patterns and problems that will help you figure out the root cause of your low and high blood glucose levels. With CareLink Personal software, you are empowered to effectively maximize your therapy by working with your healthcare professional to reach your individual goals.

How much does CareLink Personal software cost?

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While CareLink Personal software is provided at no additional cost, separate purchase of a connectivity device may be required:

Customers	Connectivity Devices	Cost
MiniMed Paradigm® Insulin Pump Customers	Paradigm Link Blood Glucose Monitor	Free
	BD USB Cable (available on the online store)	$29.99
Guardian® REAL-Time CGM System Customers	ComLink device with serial cable [1]	Free

How do I access CareLink Personal software?

▲ top

Go to http://carelink.minimed.com

What do I need in order to get started using CareLink Personal software?

▲ top

- Access to a personal computer running Windows® 98SE, ME, 2000, XP, or Vista
- A reliable Internet connection