

Guidelines for the Home Monitoring of Blood Glucose Levels

Version 1 – May 2017

VERSION CONTROL		
Version	Date	Amendments made
Version 1	May 2017	New Guideline. AG.

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INTRODUCTION

Self monitoring of blood glucose levels is an integral part of treatment for all patients with type I diabetes mellitus (DM) and select cohorts of patients with type II DM. Improved glycaemic control may be facilitated by effective blood glucose monitoring, which may ultimately improve long-term patient outcomes.

PURPOSE AND SUMMARY

The purpose of this guideline is to assist primary care practitioners to advise patients of the appropriate monitoring regimen for their clinical condition and diabetes type and to ensure appropriate volumes of testing strips are supplied.

Table 1 provides a brief summary of the monitoring requirements and quantity of test strips to provide for each patient cohort listed. Full details of the monitoring requirements can be found in the full guidance document on page 4.

SCOPE

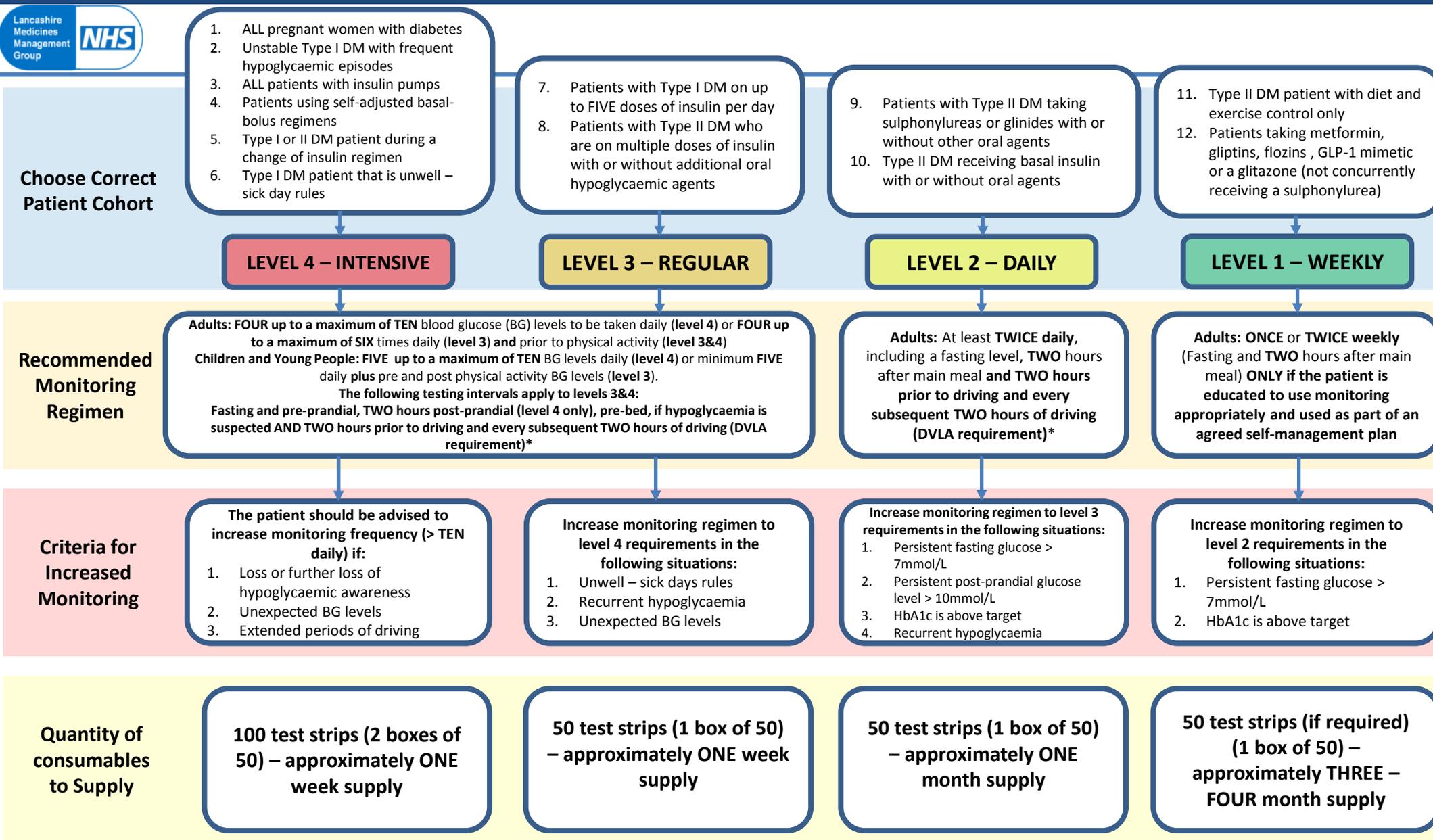
Primary care healthcare practitioners that are responsible for advising and prescribing for patients with type I and type II DM.

IMPORTANT INFORMATION

Self-monitoring of blood glucose levels should only be carried out by patients that have been suitably trained. All patients groups that regularly self monitor should have their monitoring technique and ability to interpret results reviewed **at least annually**.

Number	Patient Cohort	Monitoring Level	Quantity to supply
1	ALL pregnant women with diabetes	Level 4 - Intense	100 (ONE week supply)
2	Unstable Type I DM patients with loss of hypoglycaemic warning signs	Level 4 - Intense	100 (ONE week supply)
3	ALL patients with insulin pumps	Level 4 - Intense	100 (ONE week supply)
4	Patients using self-adjusted basal-bolus regimens	Level 4 - Intense	100 (ONE week supply)
5	Type I or II DM patient during a change of insulin regimen	Level 4 - Intense	100 (ONE week supply)
6	Type I DM patient that is unwell – sick day rules	Level 4 - Intense	100 (ONE week supply)
7	Patients with Type I DM on up to FIVE doses of insulin per day	Level 3 - Regular	50 (ONE week supply)
8	Patients with Type II DM who are on multiple doses of insulin with or without additional oral hypoglycaemic agents	Level 3 - Regular	50 (ONE week supply)
9	Patients with Type II DM taking sulphonylureas or glinides with or without other oral agents	Level 2 - Daily	50 (ONE month supply)
10	Type II DM receiving basal insulin with or without oral agents	Level 2 - Daily	50 (ONE month supply)
11	Type II DM diet and exercise controlled	Level 1 - Weekly	50 (THREE to FOUR months supply)
12	Patients taking metformin, gliptins, flozins, GLP-1 mimetic or glitazone (not concurrently receiving a sulphonylurea)	Level 1 - Weekly	50 (THREE to FOUR months supply)

Home Monitoring of Blood Glucose Guidelines



Please note: Adults: HbA1c should be measured every 3 – 6 months or as advised by the specialist service. **Infants, Children and Young People:** All patients under the age of 18 should have their HbA1c monitored **at least** FOUR times per year. ***Please note:** The DVLA advise that carbohydrate should be consumed if BG level is <5mmol/L before driving.

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