

Routine Capillary Blood Glucose Monitoring

Recommendations

Diet Metformin, Empagliflozin, Dulaglutide, Vildagliptin & Pioglitazone	→	Routine assessment of blood glucose levels is NOT recommended. ² Monitor glucose control using 6-monthly HbA _{1c} . When HbA _{1c} levels continue outside the individual's target, limited blood glucose monitoring may be a useful component of treatment review.
① Sulphonylureas	→	Routine assessment of blood glucose levels carried out before breakfast and before bed, on ONE day per week . (this does not need to be the same day of the week)
② Insulin (Basal Only) Lantus	→	Routine assessment of blood glucose levels carried out on TWO consecutive mornings per week .
③ Insulin (Fixed Dose) Protaphane or Humulin NPH	→	Routine assessment of blood glucose levels carried out before each meal on TWO days a week .
④ Insulin (Basal/Bolus) Humalog or Novorapid or Apidra PLUS Lantus or Protaphane/Humulin NPH or HumalogMix or NovoMix '30'	→	Routine assessment of blood glucose levels carried out before and TWO hours after breakfast, lunch and dinner on ONE day a week . (These residents may require more frequent testing.)
PLEASE NOTE:		Blood glucose monitoring should always be undertaken if a resident with diabetes has: <ul style="list-style-type: none"> ● change in behaviour or cognitive function ● signs/symptoms of hypoglycaemia ● change of insulin or tablet dose (excepting Metformin) ● infection ● pyrexia ● exacerbation of other illness
THINK!!		What does the blood glucose result mean? Do I need to act upon it/report it to someone else? HYPOGLYCAEMIA IS SERIOUS AND NEEDS TREATMENT

Tests are done for useful information. If the information is not useful, or not used, the test should NOT be done.

Monitoring of diabetes

One of the aims of diabetes management is the improvement of glycaemic control. Glycaemic control can be measured by assessment of capillary blood glucose levels and the concentration of glycated haemoglobin (HbA_{1c}).

Measurement of HbA_{1c} remains the most useful tool for monitoring glycaemic control. Current research suggests that for people with non-insulin treated Type 2 diabetes blood glucose monitoring has little or no effect on glycaemic control.

The monitoring of blood glucose is an invasive clinical intervention which poses risks. Gathering information about a person's blood glucose levels is only useful when it can be used to improve the individual's clinical outcomes.

Alternate monitoring may be as per the individual resident's Care Plan

Diabetes Guidelines for Older Residents in Age Related Residential Care (ARRC) Facilities