

ENDOCRINOLOGY & DIABETES UNIT

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CONTINUOUS GLUCOSE MONITORING (CGM) #2: GETTING STARTED

Glucose monitoring with a meter provides the blood glucose reading at exactly the moment it is checked. For most people, this is 4-6 times a day. CGM provides much more information. It can "fill in the blanks" of what is happening between meals and how the body reacts to food, insulin and activity. Reviewing the CGM information regularly will help in making informed treatment decisions.

CGM has two main types of benefits:

- Reactive: setting alerts to catch the highs and lows before they happen
- Preventive: looking back at the upload for patterns and trends to make changes to prevent the highs and lows

Starting on a CGM system is very exciting, but it can also be overwhelming. Real-time glucose results will be displayed every 5 minutes. There will be a lot more information, and some of it will be surprising. The glucose may go up more after meals than you thought it did! Activity may lower the blood glucose for a lot longer than you thought it would. Do not overreact to the sensor data.

Getting started with CGM:

- Read the user guide and watch the instructional video.
- Start with a wide range for the low- and high-glucose alert settings. Consider setting the low alert at 4.5 mmol/L and the high alert at 17 mmol/L to start. These can be tightened later, as you get used to the information the system provides.
- Do not set the rate-of-change alerts at first.
- Do not expect the CGM results to be exactly the same as blood glucose meter readings! Results can vary by up to 20% between devices and still be considered accurate.
- Give insulin at the usual times. Remember it takes 3-4 hours for a dose of rapid-acting
 insulin to finish working. Do not add extra corrections when you see a high glucose reading
 after meals. Giving corrections too closely together will cause insulin "stacking" which can
 lead to low blood glucose.
- Wait at least 3 hours before next correction dose of insulin.
- Expect to see at least 50% of the glucose readings to be outside of targets at first.
- Expect to see a spike after eating (glucose levels should be back under 10 mmol/L within 2 hours of eating.) Remember, this may initially be even higher.
- Download and review sensor information at home weekly to see if any adjustments to insulin doses or insulin pump settings are needed (this is preventive).
- If you are only reacting, you are only getting half the benefit of CGM.

• To interpret CGM results, look at the graph and arrows **before** looking at the glucose number on the screen!

CGM data should be interpreted in a step-by-step format using what we call the TAG system— Trend-Arrow-Glucose (this is mostly reactive):

- Trend: view the graph on the screen to see where the glucose has been and is going
- Arrows: 1, 2 or 3 arrows tell you how fast the glucose is changing
- Glucose: the current glucose at that moment

Things to consider when using CGM:

- Confirm blood glucose with a meter before making treatment decisions when using the Medtronic Enlite® and Guardian TM 3 sensors. Medtronic sensors require calibration.
- If required, calibrate with a blood glucose (BG) meter every 12 hours. **WASH** your hands before calibrating. This ensures the best accuracy when making treatment decisions.
- After treatment of a low blood glucose, use a meter to recheck the glucose after 15 minutes. This is due to the time lag with the body's response to hypoglycemia¹.
- Lying on the sensor site can cause "pooling" of the interstitial fluid, which may read as a falsely low BG.
- Always measure a BG with a meter when symptoms don't match the sensor reading.
- "When in doubt, get your meter out!"

To share data with the clinic, click on your sensor below for more information:

- Dexcom® 66
- FreeStyle Libre
- Medtronic Guardian™ Connect

CGM and MDI:

 Enter all carbs eaten and insulin given. This additional information will help you (and your healthcare team) with interpreting your results.



CGM and pumps:

• If using both sensor and pump, both downloads must be reviewed together to see the whole picture before making adjustments.

¹ Scheiner G. (2015). Practical CGM: A guide to improving outcomes through continuous glucose monitoring. American Diabetes Association: Virginia. p. 11.