

DIABETES MANAGEMENT PLAN 2019

EARLY CHILDHOOD EDUCATION AND CARE SETTING

APPENDIX FOR CONTINUOUS GLUCOSE MONITORING (CGM)

MiniLink Guardian 2 Link

Name of child: _____ Date of birth: _____

Name of centre: _____ Room/Group: _____

GENERAL INFORMATION:

Children may attend the centre wearing a continuous glucose monitoring (CGM) device.

This technology is to support the child and parents/carers and will be managed by parents/carers. Staff are not expected to do more than the current routine diabetes care.

CGM provides information about trends in glucose levels. It will not affect the care activities indicated in the Diabetes Action and Management plans.

It is not necessary for staff to put CGM displays on their computer, smart phone, and other electronic devices or carry receivers. While these devices provide additional information on glucose values and trends, they are not compulsory management tools.

CGM consists of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid), and transmitter (pictured below) which sends data to a receiver. The receiver used can be the display screen of a Medtronic insulin pump or a smart device.

Sensor

Transmitter

Insulin pump receiver

Smart Device



If the receiver is more than ~ 2 meters from the transmitter, connection to the receiver will be lost. The information will be stored in the transmitter and downloaded when connection is restored.

Some CGM devices can be monitored remotely by family members. CGM can be programmed to alarm if glucose levels go below set levels, so that action may be taken.

USE IN EARLY CHILDHOOD EDUCATION AND CARE SETTING

CGM **DOES NOT** replace a finger prick **blood glucose check**.

A finger prick blood glucose check should be performed:

- To confirm Hypoglycaemia (<4.0mmol/L)
- To confirm Hyperglycaemia (>15mmol/L or "HI")
- Any time the child feels unwell

CGM ALARMS

CGM alarms may be 'on' or 'off' and should be used conservatively.

If 'on' the CGM will alarm if interstitial glucose is < 4.0 mmol/L. **ACTION** → Check finger prick blood glucose level (BGL) and if BGL is < 4.0 mmol/l, treat per Diabetes Action Plan.

Alerts for high glucose level or in response to changing glucose trends are not recommended in this setting.

LOW GLUCOSE SUSPEND (LGS) FOR MEDTRONIC 554/754 OR 640G PUMPS

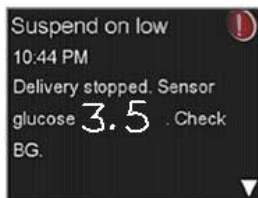
Certain pumps may be programmed to **stop** insulin delivery, if the sensor glucose is predicted to become hypoglycaemic, or is actually recorded as hypoglycaemic. **The alert for predicted low glucose is not recommended to be activated in this setting. The alert on actual low glucose will be active.**

Required Action for **Suspend on Low** alert → Check finger prick BGL.

If BGL < 4.0 mmol/L. Treat hypo as per Action plan (do not bolus for this). A trained staff member will need to resume pump manually.

If BGL ≥ 4.0 mmol/L. Pump will automatically resume when sensor glucose rises. If food bolus is required (snack or lunch), then the trained staff member will need to resume pump manually for this food bolus to occur.

RESUMING INSULIN MANUALLY AFTER LOW GLUCOSE SUSPEND (LGS)



Suspended on Low screen.

- Press '**down**' arrow on pump to clear alert message



After the **Suspend on low** alert message is cleared, the screen will display:

- **Suspended on low** at the bottom of the screen in yellow print
- To resume insulin delivery, select **Suspended on low**



- Press '**down**' arrow. Highlight **Resume Basal**
- Press **Right to Yes** and press **Select**
- Meal bolusing can now occur

ADDITIONAL INFORMATION:

- A parent/carer responsible for changing the CGM site and setting the alarms
- The sensor can remain on the child during water activities
- Management continues as per Diabetes Action and Management Plan
- If the transmitter/sensor attached to the child falls out, staff are required to keep it in a safe place to be collected by the parents/carers at the end of the session
- **Parents /carers are the primary contact for any questions regarding CGM use.**

Parent/Carer:		Signature:	Date:
Principal:		Signature:	Date:
Diabetes Healthcare Team:		Signature:	Date: