

Adfinitas Health Rehabilitative Services

Clinical Guidelines

Guideline Title: Guidelines for Reduction of Bedside Blood Glucose Monitoring

Purpose:

Guideline is intended to help inform clinical practice and is not intended nor should it be utilized to establish a standard of care. In addition, it is understood that every patient and every clinical circumstance is unique and individualized. Therefore, the provider should apply their own clinical judgment to the specific factors presented in determining the most appropriate care to be delivered to any particular patient.

Scope: Post-Acute Clinicians

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GUIDELINES FOR REDUCTION OF BEDSIDE BLOOD GLUCOSE MONITORING

Indications for Practice Change

- No scientific studies which correlate the frequency of glucose testing in the nursing home with changes in morbidity and mortality.
- Cost (both in testing materials and discomfort for the patients) seems to outweigh the benefits of the current BID-QID testing patterns

Stable Blood Glucose: Defined

- Stable patients= patients requiring no med adjustment/ changes in therapy and no glucose values less than 80 or greater than 250, and/or HgA1C >6.0 and < 8.5
- Patients outside of this range need an adjustment in therapy and appropriate monitoring until stable blood glucose is established.

Suggested Guidelines-Patients only on Oral Agents

- Reduce blood glucose testing to twice weekly for 2 weeks. One fasting glucose, one pre-meal glucose
- Discontinue routine testing entirely after 2 weeks if continued stable, relying on A1C for measure of blood glucose control.
- Adjust blood glucose monitoring as needed based on changes in clinical status.

Suggested Guidelines – Patients on Insulin

- For stable patients on any type of insulin regimen:
- Check blood glucose twice weekly x 12 weeks. Recommend one fasting glucose and one random glucose.
- Discontinue routine testing entirely after 12 weeks if continued stable, relying on A1C for measure of blood glucose control.
- Adjust blood glucose monitoring as needed based on changes in clinical status.

Date last updated: 1/21/2021

Department: PAS Clinical

Source: American Medical Directors Association. Diabetes Management in the Post-Acute and Long-Term Care Setting Clinical Practice Guideline. Columbia, MD: AMDA 2015

Reference: Employee Portal <https://www.adfinitashealth.com/login/>

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CAVEATS

- Reduction of blood glucose testing should be approached cautiously in patients who have a history of unawareness of falling blood glucoses
- Sliding scale insulin should be used for the shortest duration possible to determine stable medication doses
 - Reevaluate data after 5 days to establish need for adjustments in therapy.
- For patients on multiple doses of insulin, evaluate appropriateness of conversion to basal insulin plus oral agent (i.e Starlix/netaglanide or Prandin) to control post-prandial glucose.