

Appendix 4 - Dexcom CGM Follow-up Visit Summary

CGM follow-up visit FAQ: After Visit Summary

Your CGM (continuous glucose monitor) is a wonderful tool for monitoring and gathering data about your glucose values. Here are some important tips on how to reduce stress related to the data and interpret the data you receive

*Please remember, if you cannot use your CGM for any reason (technology fails sometimes!) you will need to have your **blood glucose meter accessible and know how to use it**. Checking blood glucose (BG) up to 6-10 times per day is a safe and effective alternative to managing diabetes*

A note on CGM accuracy

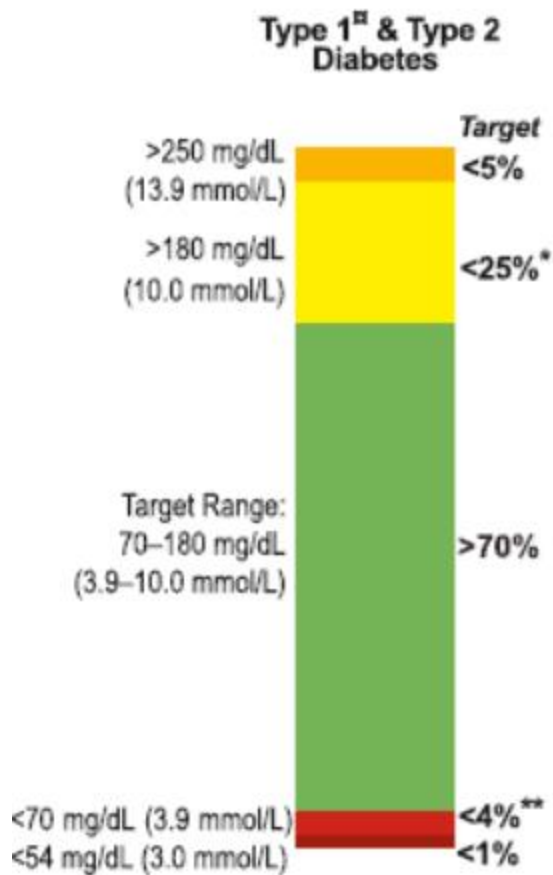
The first thing you need to know is that **the CGM value is about 10-15 minutes delayed compared to the finger stick BG**. The glucose meter reads the blood glucose (BG) value in your capillary, whereas the CGM reads the blood glucose value in your fat tissue. Example: If your BG is dropping fast, your CGM value might read 150 mg/dL arrow down, and your BG meter might already be reading 120 mg/dL. This is expected.

Remember: both the CGM and the blood glucose meter have a margin of error. They will NOT always match, and this does not mean one or the other is broken. See calibration guidelines in your CGM start packet on how to adjust CGM based on finger stick BG values if you find ongoing discrepancies.

<https://www.dexcom.com/en-us/faqs/is-my-dexcom-sensor-accurate>

TIP: if you are getting frequent “sensor error” messages, please call Dexcom support (888-738-3646) to report and problem solve the issue. At times, the sensor needs to be replaced. If you do not see an arrow with your CGM value, please question the CGM and confirm with finger stick BG before giving treatments.

What does my CGM report tell me? What should my blood sugar goals be on my CGM report?



- “Time in range” CGM goal is 70%
- Hypoglycemia less than 70 mg/dL goal is less than 4%
- Hypoglycemia less than 54 mg/dL goal is less than 1%
- Average blood sugar goal is around 150 mg/dL. BG **WILL** exceed 150 mg/dL after meals

If you are not meeting these goals, ask your provider if you need a dose change, and see tips below.

Where can I find this report?

You can find this report on Dexcom Clarity:

Dexcom receiver: you will log in via the website at <https://clarity.dexcom.com> and connect the receiver to computer via USB to generate the report.

Phone or wifi enabled device as a receiver: you will use the Dexcom clarity phone app. **You will need to log in using your same username and password as your Dexcom app or the report will not be linked to current data.**

In Clarity:

- Select reports, 30 days
- Reports to get data on time in range and BG averages: AGP (means Ambulatory Glucose Report)

TIP: If your child will be using a smart phone, these are the apps to be used

Child phone/device will need: “Dexcom G6 mobile App” and the “Dexcom Clarity App”



Parent or follower(s) phone will need: “Dexcom Follow App”



How long does my sensor and transmitter last again?

The sensor session lasts 10 days. At the end of the 10 days, the sensor is discarded and you place a new one.

The battery in the grey transmitter lasts for 3 months (90 days). Once you start a session with the transmitter, it begins the 90 day battery life. If you stop using the transmitter, it will not make the battery last longer than 90 days- it will die 90 days from when you first use it no matter what. You do not want to lose the transmitter, or start a new transmitter before your current 90 day transmitter has died.

TIP: The cgm will remind you when it is nearing the end of the 90 day session. When you get this alert, be sure to plan ahead and call your supplier to get a new transmitter sent to you in time for the next session.

When do I treat for CGM value?

CGM value: 70-100 mg/dL range = watch and wait zone

This does **not** require action of low treatment. Your Dexcom arrow might help you decide when treatment is needed if you are in the range but dropping. If you are in this zone before a meal, a CGM value in this range means you will lower the insulin dose for carbs per your dose grid if on injections. The insulin pump will also calculate this reduction for you based on the BG value you enter in the pump.

CGM value: less than 70 mg/dL = action range

Consider confirming the finger stick BG. In this range less than 70 mg/dL, treat the low, but remember this is not an emergency. Research shows that a person's blood sugar must be severely low less than 54 mg/dL for consecutive hours before a "hypo event" occurs. The time a person is at highest risk is following a large dose of insulin where BG drops very quickly; in this case a hypo event could occur sooner.

Urgent low **soon** alert:

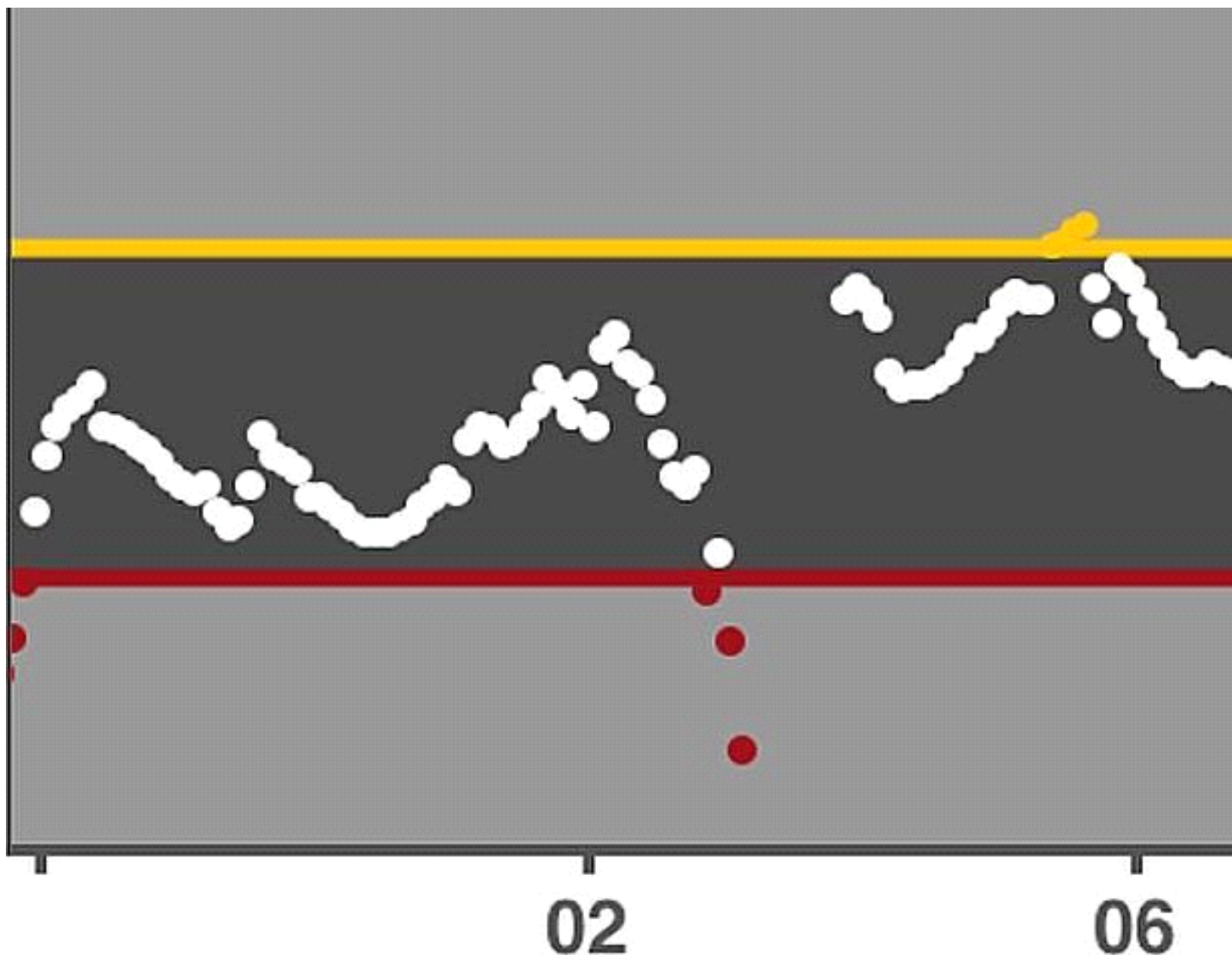
When you get this alert on Dexcom, the CGM value may or may not already be less than 70 mg/dL, but Dexcom predicts *you it be* within 15 minutes.

TIP: Note that Dexcom arrows can change quickly, and it may not always be best to react to the urgent low soon alert until you have determined the child is definitively going less than 70mg/dL. Two things to keep in mind are:

- When was the last insulin dose given?
- Does the child have carbs "on board" that will bring blood sugar trends up?

Why is the CGM saying the CGM value is low when finger stick BG reading is not low?

Many times this occurs when the CGM thinks the glucose value is less than 54 mg/dL- it may actually be a "**compression low**"



If your Dexcom is being pressed on (most common while sleeping), it can make the Dexcom read falsely low. With the urgent low alert while sleeping, we recommend confirming with finger stick BG prior to taking action to rule out compression low. It often looks like the picture, where the tracing dots get more spaced out and drop quickly. Once pressure on the sensor is released, the data point will jump back up.

Why am I having high blood sugar after treating my lows?

Over treating lows is one of the main reasons people see high CGM values after low treatment. Although we teach the rule of 15 at the new onset teach (15 grams, wait 15 minutes to recheck blood sugar), **your child may need less grams of carbohydrate to treat a low CGM or BG value.**

- At home you may need to use different carb amounts depending on the level of hypoglycemia (lows).

- People typically need fewer carbohydrates for mild lows than for a more severe lows less than 54 mg/dL.

Sometimes you only need a few grams of fast acting sugar to bring CGM or BG value up quickly. Once your CGM value and arrow is increasing, it can be useful to eat another 5-10 grams of a longer acting carbohydrate with a fat/protein item. This will minimize spiking and prevent future lows. Examples of longer acting carbs include:

- banana (carb) and peanut butter (fat)
- crackers (carb) and cheese (protein and fat)
- ½ or less of a protein bar (carbs and fat/protein)

A note: at school we recommend keeping things **simple**. The safest and most simple approach is recommending 15 grams fast acting carbs for low treatment. You can adjust this as needed as long as you keep it consistent. Example: it is ok to ask the school give 10 grams only to treat a low. However, we discourage using a system where the gram amount changes based on blood glucose level.

Why is my CGM value spiking after eating!?

Spiking after eating is very normal!

To minimize spiking:

1. You must dose your insulin anywhere from 10-30 minutes prior to eating. Insulin takes time to work! We call this “pre dosing” or “pre bolusing” (insulin pump users)
2. Higher carb meals, and/or meals with less fat and protein, require a *longer* “pre dose” than a meal with complex carbs, fat and protein
3. The higher your CGM or BG value is starting the meal, the *earlier* you need the insulin
 - a. Take insulin and wait 10 minutes prior to eating when CGM value is in 100 mg/dL range
 - b. Wait 20 minutes when CGM value is in 200 mg/dL range
 - c. Wait 30 minutes when CGM value is above 300 mg/dL
4. If you are spiking after a meal, and coming back down within 3 hours, **you have the right insulin dose**, and need to work on the above skills to minimize spiking
5. If you are spiking after a meal, and **NOT** coming down within 3 hours (the next meal requires high blood sugar correction dose) then you likely need a dose adjustment. Contact the diabetes team on your MyChart app or call 650-498-7353.

When do I need to take action based on my CGM arrow?

Remember, there will at times be a difference between your CGM value and finger stick BG value due to the delay in CGM and margin of error in both devices. Trend arrows are quite helpful, even when BG reading is not 100% matching.

TIP: A few things you can start learning and practicing regarding trend arrows:

- If your BG is above 150 mg/dL before a meal, pre dose insulin, and wait for arrow on Dexcom to be flat or diagonal down prior to starting to eat. This way you know insulin is taking effect
- Before activity, your Dexcom arrow will help you decide if you need a snack without insulin or not

- Example: CGM value before soccer is 120 mg/dL diagonal down arrow. You will need a snack before exercise
- Example: CGM value before soccer is 200 mg/dL diagonal down arrow. Watch and wait, maybe no snack needed
- Example: CGM value before soccer is 120 mg/dL double up arrow. Watch and wait, no snack needed
- Do I need a snack before bed?
 - Example: 80 mg/dL straight arrow, without any insulin on board (last injection >3 hours ago), no snack needed
 - Example: 80 mg/dL diagonal down arrow, with or without insulin on board, might need 5-10 gram snack (long acting carb preferred)
 - Example: 80 mg/dL diagonal up arrow, no snack needed
- I treated my low 15 minutes ago, but CGM value is still staying I am <70mg/dL
 - NOTE: remember the 10-15 minute delay? Your finger stick BG may already be higher than 70 mg/dL. If your CGM value is reading less 70 mg/dL, but your trend arrow has changed from going down to, you know the low treatment is working. You can always use a finger stick BG check to verify current glucose value.

Do my doses need to be adjusted?

We make dose adjustments when we are convinced you are having **consistent** patterns.

“Consistent” usually means the same blood sugar pattern happens for more than 3 days, under similar circumstances. Example: if one of the days you had a birthday party with pizza and cake, this day would not count. Taking notes on your activity, eating, and insulin doses, can help the team problem solve your patterns, but it is not mandatory. If you have notes, please share with the team when you send us a MyChart message or call us for a dose adjustment.

All of sudden I need less insulin than I did at diagnosis: How is Honeymoon different?

If we reduced your insulin doses significantly since diagnosis, you may have entered the “honeymoon” phase where the pancreas **temporarily** makes some of its own insulin. **It is very important that you do not stop insulin injections, particularly your daily basal/long acting insulin injection (Lantus, Basaglar, Levemir, or Tresiba).** The pancreas can produce insulin because it is getting support via injections, but cannot function on its own. We cannot predict how long honeymoon will last for your child. Honeymoon phase typically can last anywhere from one month to about a year.

Overnight CGM values in honeymoon:

It is typical for patient's CGM values to drop overnight during honeymoon. We sometimes do recommend a bedtime snack without insulin if needed to prevent overnight lows. We might also adjust your doses. However it is important to note that as your child exits their honeymoon, we will need to discuss changing this snack routine.

Things you will notice in honeymoon:

- The pancreas can self regulate blood sugars in honeymoon. You may see less spiking and can dose insulin at start of meal (versus 10-15 minutes earlier) and not see a lot of high CGM values.

- Overnight we are comfortable with CGM values being in the 65-100 mg/dL range while sleeping, provided the CGM values are not dipping <65 mg/dL
- If CGM values are above 100 mg/dL, talk to the diabetes team as we may have room to lower trends
- If CGM values are less than 65 mg/dL, talk to the diabetes team about changing doses and/or how to possibly use a bedtime snack to keep CGM values in range
- You need to be more cautious and perhaps go to bed with a higher CGM value if:
 - There was high activity level that day, increasing risk for overnight lows
 - You gave a dose of insulin 2-3 hours before bedtime, which has potential to lower CGM value below target levels
- Exiting honeymoon: there is less self-regulation. You will notice more variability, and it becomes important to dose insulin at least 10 minutes prior to eating to minimize this (see above section)
- You may need to adjust the bedtime CGM target and snack practices at bedtime as overnight patterns tend to change upon exiting honeymoon (higher trends overnight)

My glucose data is often outside the target range of 70-180 mg/dL. What tips and tricks should I consider?

- Give insulin before meals and snacks
- Give insulin 10 minutes (or more) before eating carbs at meals and snacks
- Make sure you give insulin for all meals and snacks that are more than 5 g of carbs
- Consider how you are treating lows. If you are going over 200 mg/dL after treating a low, think about reducing carb amount used to treat the low, or use more fat/protein with your carb treatment. Also consider if you are treating your lows too early (at too high a blood sugar threshold)
- If going under 70 mg/dL 2-3 hours after giving correction insulin, consider how much insulin you gave for high glucose reading
- If going under 70 mg/dL during or after exercise, consider reducing insulin before and during exercise, and/or taking in "exercise carbs" without insulin
- If trend is arrow going up before a meal, give insulin and wait until stable arrow or diagonal down arrow before starting to eat
- If going low for unknown reasons when sleeping, consider compression lows on Dexcom
- Contact our team via MyChart to assess for dose adjustment

For technical questions about your CGM, please call Dexcom:

(844) 607-8398 (technical support)

(888) 738-3646 (general questions & order support)

(877) 339-2664 (training, software support)

(888) 489 0221 (ASPN pharmacy portal for private insurance supply issues)

To report failed sensors, go to:

<https://www.dexcom.com/support>, click on 'Submit a tech support request' and fill out the information requested

To order overlay tape, go to:

<https://www.dexcom.com/support>, click on 'Request sensor overpatches'

Dexcom prescription:

There are two options of where your insurance will allow you to fill your Dexcom prescription: through a regular local pharmacy or through a mail order pharmacy. Insurance sometimes only accepts a mail order pharmacy because the Dexcom device is considered to be "durable medical equipment DME" instead of a "pharmacy benefit." Our team will help determine where the prescription should be sent, to either a local pharmacy or a mail order pharmacy. Once we determine this, you will need to call the pharmacy or mail order pharmacy to provide your insurance information. Once you provide that information, and our office also provides chart notes, it can then take a week or more to get insurance approval for the device. After approval is granted, the device will be shipped to you (mail order) or you can pick it up at the pharmacy.