

Self-Monitoring of Blood Glucose (SMBG) Care Plan

Patient name _____

Date _____

Regime	Comments	√	Ordering
Diet only	Testing is <u>not usually</u> necessary.		Not required. May be considered for use short term (4 weeks – 50 strips) as part of structured diabetes education. SMBG should only be offered as part of a structured plan with education on how to interpret the results.
Metformin and other low risk oral hypoglycaemics e.g. Pioglitazone, Acarbose, SGLT-2 inhibitors, Gliptin, GLP-1 mimetic (once stabilised)	Testing is <u>not usually</u> necessary.		Guide requirement = 1-2 boxes (50-100 strips) per year . Any test strips that may be required for will be issued by the Diabetes nurse as a one off acute script at your diabetic annual review. (Test strips will not be available on repeat)
Sulphonylurea, Nateglinide, Repaglinide with no occupational risk	You should not need to routinely self-monitor blood glucose unless you suffer from asymptomatic hypoglycaemia, suspected asymptomatic hypoglycaemia, use of oral steroids, risk of hypoglycaemia due to renal impairment or high alcohol intake.		Guide requirement = 1-2 boxes (50-100 strips) per year . Any test strips that may be required for will be issued by the Diabetes nurse as a one off acute script at your diabetic annual review. (Test strips will not be available on repeat)
Sulphonylurea, Nateglinide, Repaglinide with occupational risk	Blood glucose testing is recommended in those with certain occupations e.g. Bus drivers (see DVLA guidance)		Guide requirement = 1-2 boxes (50-100 strips) per month . More strips may be required and this will be agreed on an individual basis. Test strips will be available on repeat.
Type 2 diabetes on Insulin therapy with or without hypoglycaemic agents	<ul style="list-style-type: none"> • On initiation regular monitoring 2 to 4 times a day is required to achieve optimum glycaemic control. • Regular testing is required for patients who adjust their insulin dose according to blood glucose levels. • For stable patients where glycaemic control is achieved, testing may be reduced to 2 or 3 times a week. 		Guide requirement = 1-2 boxes (50-100 strips) per month . More strips may be required and this will be agreed on an individual basis. Test strips will be available on repeat.

	<ul style="list-style-type: none"> • Increase testing during periods of illness, instability or use of oral steroids, and following changes in insulin dosage. 		
Type 1 Diabetes	<ul style="list-style-type: none"> • Monitoring is integral in the treatment of all people with Type 1 diabetes. • All people with Type 1 diabetes should be offered structured education to ensure they have the skills and knowledge to adjust insulin according to carbohydrate intake and make corrective doses. • Test four times a day or more will be required to gain optimum control, avoid hypoglycaemia, and avoid metabolic emergencies such as diabetic ketoacidosis (although less frequent testing may be appropriate in patients with good control and good hypoglycaemia awareness). 		<p>Guide requirement = 2-3 boxes (100-150 strips) per month.</p> <p>More strips may be required and this will be agreed on an individual basis. Test strips will be available on repeat.</p>
Type 1 and Type 2 diabetes in pregnant women & gestational diabetes	<ul style="list-style-type: none"> • All pregnant women with Type 1, Type 2 or gestational diabetes controlled with insulin, tablets or diet alone should SMBG four times a day or more in order to achieve tight diabetic control. • Testing should include both fasting and postprandial blood glucose measurements. 		<p>Regular testing required. Supply according to agreed management plan provided by the specialist team. (Guide requirement = 2-3 boxes (100-150 strips) per month during pregnancy).</p>

Review date _____

Signature of Health Care Professional _____

Each patient should be individually assessed – there is no “one size fits all”. *This is just a guide.* Testing frequency may need to be increased in certain situations e.g. driving, inter-current illness, pregnancy, during dose titration or when medicines are changed. Similarly, testing frequency can sometimes be reduced in patients who are very stable.