

## Testing schedule for Type 1 or Type 2 Diabetes treated with Insulin Therapy

- Testing 7 – 8 times a week is usually sufficient
- Vary the time of day BUT testing should always be before a meal
- Record results in a diary
- Use a new lancet for each test
- Dispose of used lancets and needles in a sharps box which can be obtained on prescription from their GP practice. Full boxes to be returned to GP surgery. Use a BD Safe-clip on needles before disposal
- Normally, glucose levels should be between 5 – 8 mmols before meals
- If results are persistently above 8mmols or less than 5mmols over a 4 week period, patient should contact the Practice Nurse or Diabetes Specialist Nurse for advice and possible review of the treatment
- An OCCASIONAL high result can be ignored
- Treatment should not be adjusted based on a single result - a number of results are need to identify a pattern to ensure treatment is adjusted appropriately
- DURING PERIODS OF ILLNESS, blood glucose levels may be higher than normal and insulin requirements may increase. Because of this, the patient should be told to CONTINUE TO TAKE THEIR INSULIN EVEN IF THEY ARE UNABLE TO EAT. Increase testing to 4 times a day and test for ketones if they have type 1 diabetes.

## Additional Information for People with Type 1 Diabetes

- If the blood glucose is greater than 15mmol they should test for ketones
- During illness, if blood glucose levels remain high and urine tests show a moderate or large amount of ketones then insulin dosage needs to be increased to prevent DKA (please refer to Sick day rules leaflet). If the patient is unsure how to do this they MUST contact the diabetes clinic, the Diabetes Specialist Nurse, Practice Nurse or GP urgently, especially if vomiting

## Who might test more frequently?

- Individuals with impaired hypo awareness; those women who are pregnant or planning pregnancy; those individuals who are carbohydrate counting or have attended a DAFNE course and those switched to a new regime will all require to test more frequently than above
- Some individuals may choose (or be required) to test more frequently in other situations, especially prior to driving (guidance provided by DVLA /Diabetes UK)

**Action point: How often patients test, their understanding of the results and how they act upon them should be checked at annual review.**

## Formulary Meter Choices for NHS D & G

All patients can be provided with a free meter through their practice nurse or specialist nurse in primary or secondary care. A note advising the practice of chosen meter will be sent if this is not arranged in primary care.

**Meter of choice: (corresponding strips)**

**Lifescan One Touch Ultra 2**

**(One Touch Ultra)**

**Available via Sharon Scott – 07989 562141**

**Special needs:**

- **Visually Impaired - SensoCard Plus (Sensocard Reagent Strip)**
- **Paediatrics – Roche Accu-chek Aviva (Aviva) Abbot Diabetes Care Optium Xceed (Optium Beta-Ketone test strip) Lifescan One Touch Ultra 2 (One Touch Ultra)**
- **Pregnancy - Optium Xceed (Optium Plus /Optium Beta-Ketone test strip)**
- **DAFNE Graduates Lifescan One Touch Ultra 2 (if urine ketone testing) if not Optium Xceed**
- **Manual Dexterity – Bayer Contour (Contour Test Strips)**
- **Degree of visual impairment – Bayer Contour (Contour Test Strips)**

Health Professionals are entitled to a free meter through Lifescan provided the meter is registered on the External Quality Control scheme and the weekly and monthly checks are carried out.

Contact Sharon Scott for details - 07989 562 141.

Guidance for patients on when to test is available on the websites as listed below:

[www.dgdiabetes.scot.nhs.uk](http://www.dgdiabetes.scot.nhs.uk)

[www.dgprescribingmatters.co.uk](http://www.dgprescribingmatters.co.uk)

Diabetes MCN Feb 2010 Review Feb 2013

## NHS Dumfries & Galloway Health Professional Guidance for Delivery of Patient Advice on Home Blood Glucose Monitoring And Preferred Meter Choice

### FOR PATIENTS ON INSULIN TREATMENT



Specific guidance and counselling should be provided in each individual case according to the treatment regimen and level of control. (This guidance does not cover children, pregnant or gestational diabetic patients)