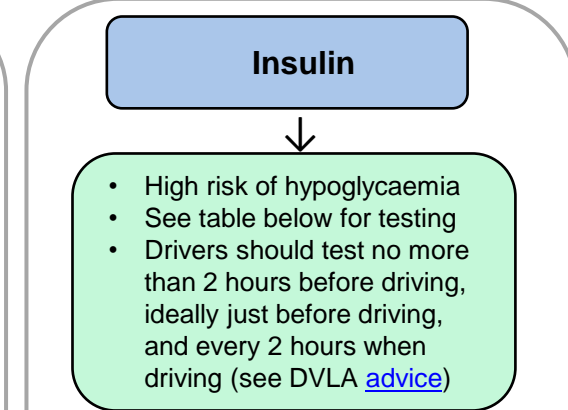
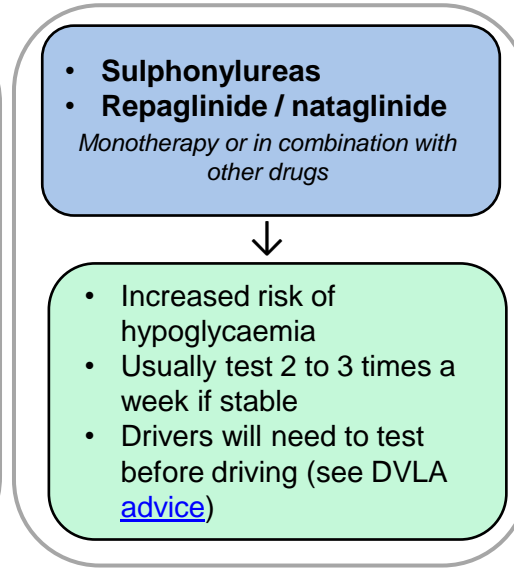
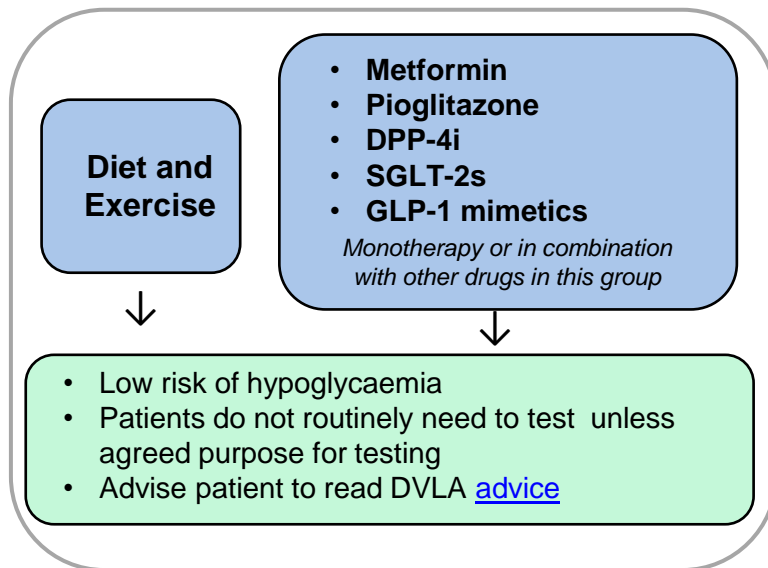


# Self-monitoring of Blood Glucose Guidelines in type 1 and type 2 diabetes (SMBG)

- **Patient education is vital when initiating SMBG**
- Teach patient how to **interpret and action** BG results
- Agree testing times and targets with the patient
- Carry out **structured annual assessment** to confirm continued benefit of SMBG
- Use just HbA1c testing, in those who will not benefit from SMBG

- Key questions to think about before continuing SMBG:**
1. Is SMBG appropriate for this patient?
  2. What value does self-monitoring add to the patient's care?
  3. Is the patient's blood glucose well controlled?



Insulin regimen	<i>Minimum recommended BG testing frequency</i>
ONCE daily insulin with oral agents	≥ 1 test per day at different times of day
TWICE daily insulin	2 tests per day, before meals when insulin is due
BASAL BOLUS insulin & carbohydrate counting	May need ≥ 4 tests per day
INSULIN PUMP	≥ 6 tests per day, up to 10 tests per day
Gestational diabetes (with or without insulin)	<i>Without insulin</i> : usually 6 tests / day, <i>With insulin</i> : up to 10 tests per day

- Consider **stepping down or stopping** SMBG:
- When patients therapy is changed and does not cause hypoglycaemia
  - If patient's control is quite stable
  - After pregnancy (if not breastfeeding)
  - Once recovered from inter current illness (including on discharge from hospital)
  - If SMBG has a negative effect on well being
  - If no action is being taken on results

- Consider **stepping up** SMBG when:
- Therapy or dosing is changed
  - Control is deteriorating e.g. increased frequency of hypoglycaemia
  - Planning or during pregnancy
  - Breastfeeding
  - Inter current illness (refer to local sick day rules if available)
  - Ensuring safety during activity e.g. exercise or driving
  - Systemic corticosteroids are co-prescribed

Notes: See individual CCG guidance for preferred local choice of blood glucose meter. *Freestyle Libre advice* [here](#).