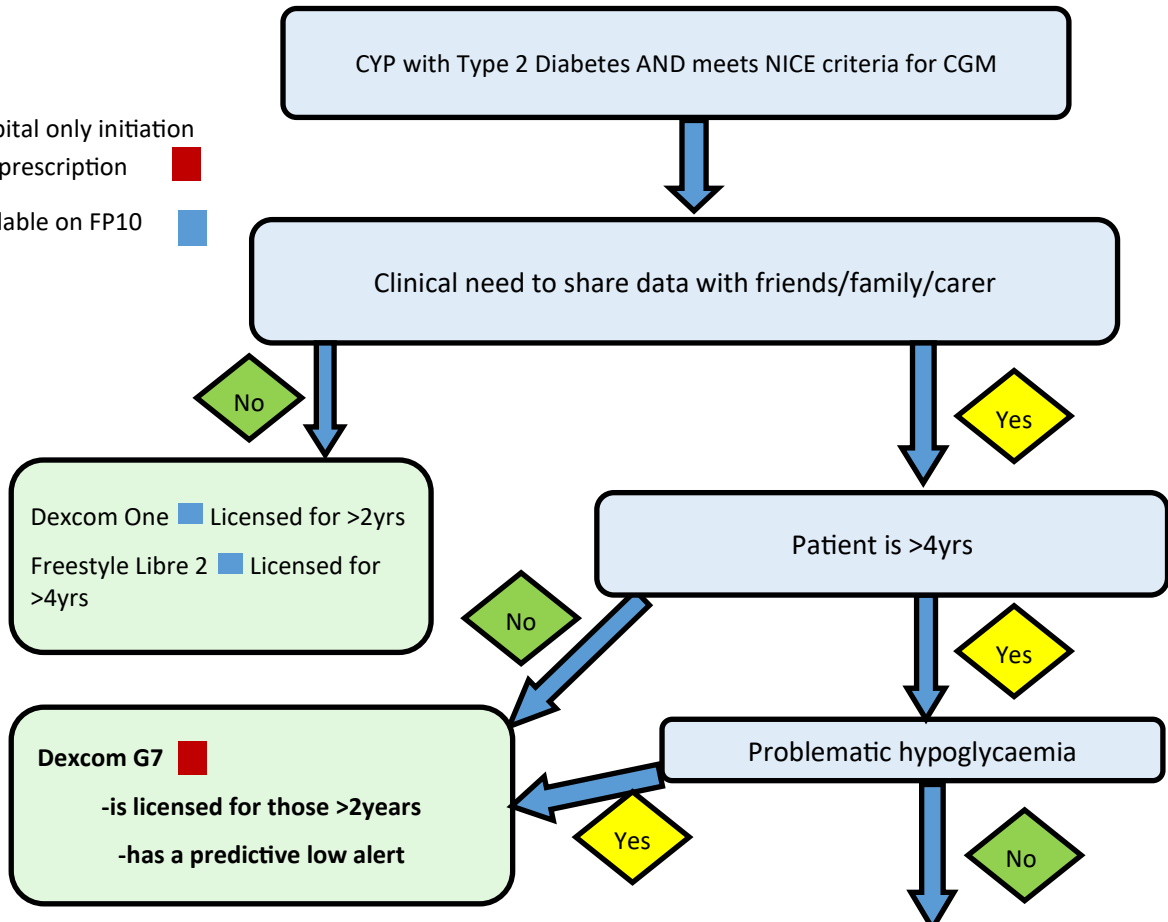


A Flow Chart To Support Clinical Decision Making For CGM Devices For Children & Young People with Type 2 Diabetes up to age 19

KEY:

Hospital only initiation and prescription ■

Available on FP10 ■



1. **First line:** ***Freestyle Libre 2** ■ - (licensed in those >4yrs). Use this as a real time device if possible as real time CGM has better outcomes than intermittently scanned CGM.

2. **Second Line:** **Freestyle Libre 3** ■ - if FSL2 is not working well for the patient. (licensed in those >4yrs)

3. **Third line:** **Dexcom G7** ■ - if patient is having problems using the Freestyle libre devices such as allergy to adhesives. Licensed in those >2yrs

*Freestyle Libre 2 is the only intermittently scanned continuous glucose monitoring system currently available (isCGM) if using a reader. If using a smartphone then it can be used as a real time continuous glucose monitoring system (rtCGM). NOTE— rtCGM has been shown to have better outcomes than isCGM (NICE NG18) [Overview | Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management | Guidance | NICE](#)

Switch CGM device if needs of patient change

Monitoring and review:

The use of a CGM system should be reviewed by the specialist team at 12 months after initiation or sooner if there is clinical need. Consider:

- Is rtCGM being used 70 % of time/daily/calibrated?
- Is there evidence of sustained improvement e.g. hypoglycaemia reduction, increased time in range?
- problems identified e.g. skin reactions, over/under ordering of sensors?