

PHASE 2 - Long Term Care Guidelines

Guidelines for Monitoring A1C for the Frail Elderly with Known Diabetes in Long-Term Care (LTC) Facilities

A1C Monitoring		Rationale	A1C Interpretation*
Treatment types • Lifestyle only • Non-insulin agents • Insulin	On Admission	<ul style="list-style-type: none"> To determine need to adjust DM treatment (↑, ↓, discontinue* DM med) <p><i>*If medication significantly changes, consider retesting A1C in 3 months.</i></p>	< 8%: ↓ or discontinue DM medications ≥ 8 to < 12%: Acceptable if resident asymptomatic ≥ 12%: Consider ↑ DM medication/treatment, if aligned with goals of care An A1c of: - 8% is equal to an average glucose of ~ 10 mM - 12% is equal to an average glucose of ~ 16.5 mM
	Routine-Ongoing (frequency)		
Lifestyle only	No more than 1 x per year		
Non-insulin agents and/or basal insulin only	1-2 x per year		
Basal insulin and meal time insulin	1-2 x per year		

Non-insulin agents = oral agents and injectable incretin-based therapies
 DM = Diabetes
 basal = background insulin (N/NPH), usually taken 1-2 times per day
 bolus = insulin taken to cover specific meals/snacks
 mM = mmol/L

Guidelines for Capillary Blood Glucose for the Frail Elderly with Known Diabetes in Long-Term Care (LTC) Facilities

Blood Glucose (BG) Monitoring		Rationale	BG Interpretation
	On Admission		
Treatment types <ul style="list-style-type: none"> Lifestyle only Non-insulin agents Insulin No known diabetes, no testing required Possibly Yes Yes 2 times per day for 1-2 weeks—alternate testing times, e.g., Day 1: ac bkft and evening meal; Day 2: ac noon meal and HS; then repeat	<ul style="list-style-type: none"> To establish baseline To determine need to adjust DM treatment as per recommended glycemic targets due to: <ul style="list-style-type: none"> Changing environment (from home to LTC) Change in oral intake and possible change in DM treatment regimen A1C takes 2-3 months to demonstrate change 	Recommendations ¹ : BG < 7 mM: ↓ DM treatment 7.0-9.9 mM: This range may be acceptable There is risk for hypoglycemia with glyburide, gliclazide, and glimepiride or insulin therapy. If hypoglycemic (more than 1x per month), ↓ DM treatment 10.0-20.0 mM: This range is acceptable if no reversible symptoms (i.e., polyuria or nocturia) > 20.0 mM: Notify MD/NP
	Routine-Ongoing (frequency)		
Lifestyle only	Not required	<ul style="list-style-type: none"> Test when: <ul style="list-style-type: none"> Major change in health status 	
Non-insulin agents and/or Basal Insulin only	If stable, regular testing not required If unstable, use clinical judgment		
Basal insulin and meal time (bolus) insulin	If stable, 1 x/ day (alternate times) <i>Note, most people on meal time insulin can be switched to basal insulin only (1-2 x/day)</i>	More frequent BG monitoring may be needed: <ul style="list-style-type: none"> During acute illness Major change in health status Significant change in oral intake Suspicion of marked dysglycemia (high or low blood glucose) During adjustment in diabetes treatment After initiating or changing oral steroid treatment 	If BG is consistently < 7 mM, stop or ↓ DM treatment <ul style="list-style-type: none"> If on low dose insulin once/day, consider stopping insulin * If on multiple injections, reduce appropriate insulin based on the timing of the low BG If BG is consistently > 20.0 mM: <ul style="list-style-type: none"> If on no medication, start DM treatment as indicated metformin + or – sulfonylurea If on oral therapy, ↑ oral therapy to maximum dose If on max oral therapy, start basal insulin 10u HS If on basal insulin only, ↑ insulin by 2 units every 3-4 days until BG mostly 10-20 mM

1. Diabetes Care Program of Nova Scotia. *Diabetes Guidelines for Elderly Residents in Long-Term Care (LTC) Facilities*. April 2010.

Key: Non-insulin agents = oral agents and injectable incretin-based therapies DM = Diabetes; mM = mmol/L MD = Physician NP = Nurse practitioner
 ac = before bkft = breakfast HS = at bedtime basal = background insulin (N/NPH), usually taken 1-2 times per day bolus = insulin taken to cover specific meals

Note: If no action is taken with routine BG test results, consider stopping or reducing this practice. SMBG testing is only necessary if it results in a treatment change.

*In the situation where a resident has true type 1 DM, their basal insulin should never be discontinued. See FAQ for distinguishing type 1 from type 2 DM.