

PHASE 2: Long-Term Care Guidelines

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

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>	<p>< 8%: ↓ or discontinue DM medications 8-10%: acceptable if resident asymptomatic ≥ 11%: consider ↑ DM medication/treatment, if aligned with goals of care</p> <p><i>An A1c of:</i> - 8% is equal to an average glucose of ~ 10 mM - 10% is equal to an average glucose of ~ 13.4 mM</p>
	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
basal = background insulin (N/NPH), usually taken 1-2 times per day

DM = Diabetes mM = mmol/L
bolus = insulin taken to cover specific meals/snacks

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

Blood Glucose (BG) Monitoring		Rationale	BG Interpretation
<p>On Admission</p> <p>Treatment types</p> <ul style="list-style-type: none"> Lifestyle only Possibly Non-insulin agentsYes InsulinYes <p>*No known diabetes, no testing required</p> <p>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</p>	<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 	<p>Recommendations BG ¹:</p> <p>< 7 mM: ↓ DM treatment</p> <p>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</p> <p>10.0-14.9 mM: This range is acceptable if no reversible symptoms (i.e., polyuria or nocturia)</p> <p>15.0 -20.0 mM: This range may be acceptable. Occasional values in this range (not persistent) do not require medication adjustment.</p> <p>> 20.0 mM: Notify MD/NP to increase diabetes treatment</p>	
<p>Routine-Ongoing (frequency)</p> <p>Lifestyle only</p> <p>Not required</p>	<ul style="list-style-type: none"> Test when: <ul style="list-style-type: none"> Major change in health status 		
<p>Non-insulin agents and/or Basal Insulin only</p> <p>If stable, regular testing not required</p> <p>If unstable, use clinical judgment</p>	<p>More frequent BG monitoring may be needed:</p> <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 	<p>If BG is consistently < 7 mM, stop or ↓ DM treatment</p> <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 	
<p>Basal insulin and meal time (bolus) insulin</p> <p>If stable, 1 x/ day (alternate times)</p> <p><i>Note, most people on meal time insulin can be switched to Basal insulin only (1-2 x/day)</i></p>		<p>If BG is consistently > 15 mM:</p> <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 10-15 mM 	

1. Diabetes Care Program of Nova Scotia. *Diabetes Guidelines for Frail Elderly Residents in or Awaiting Long-Term Care (LTC)*. November 2016.

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/snacks

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.