|  |  |
| --- | --- |
|  Queensland HealthInpatient Continuous Glucose Monitoring (CGM)User Agreement Facility: ................................................................... | (Affix identification label here or complete if E-Form)URN: Family name:Given name(s): Address:Date of birth: Sex: [ ]  M [ ]  F  |
| **User agreement for continued use of CGM whilst hospitalised**This document outlines the current Queensland Health guideline regarding Continuous Glucose Monitor (CGM) use in hospital. The scope of this guideline is limited to CGM use only. The below recommendations are not necessarily applicable to those using CGM with connected insulin pumps.Whilst CGM devices are not approved for inpatient use by the Therapeutic Goods Administration (TGA), Queensland Health supports existing users of CGM to continue use whilst hospitalised in appropriate clinical scenarios. Queensland Health acknowledges that there are many factors which affect the accuracy of CGM when people are unwell. Queensland Health has prepared a clinical guide to ensure optimal, safe and consistent diabetes care in hospital for people living with diabetes who use CGM.**Queensland Health requests that CGM users read and agree to the below.**For ongoing CGM use in hospital it is essential that the CGM user has capacity to manage CGM independently including the following tasks:* Self-insertion of new sensors
* Identification of when fingerstick blood glucose levels are required for CGM calibration

**To allow safe use of CGM, users will require:*** Access to usual smart phone / glucose reader device used for review of CGM data
* Any supplies required for CGM to be provided by the user

**CGM users are required to communicate with clinical staff:**

|  |  |
| --- | --- |
| * CGM readings before each meal and before bed (or as determined by your clinical team) to allow documentation in the medical record
 | * If pregnant, any CGM readings above 8.0 mmol/L
* If CGM is discontinued during inpatient stay
 |
| * Any identified CGM readings <4mmol/L or hypoglycaemic symptoms
* Persistent CGM readings >16mmol/L
 |  |

**Queensland Health requires additional capillary glucose testing*** At standard times for people with diabetes who are not suitable to independently self-manage diabetes including insulin adjustment whilst hospitalised
* At least one capillary glucose reading per day whilst using CGM to ensure accuracy.

In specific clinical situations, CGM readings are known to be less accurate and clinical staff may request to perform additional fingerstick readings for more accurate assessment of your blood glucose levels. These situations include, but are not limited to:

|  |  |
| --- | --- |
| * Hypoglycaemia (CGM measure <4mmol/L)
* Rapid fluid shifts (eg. Dialysis)
* Rapid glucose changes (eg. DKA)
 | * Critical illness
* Surgery
* Medications which may affect CGM accuracy
 |

In specific clinical situations, it may not be safe to continue wearing a CGM and clinical staff may request removal of the CGM device. These include but are not limited to:* Medical imaging (CT and MRI)
* Surgery where CGM is located within surgical field
* Direct current cardioversion

Queensland Health requests that clinical staff download the CGM (if able) or ask the CGM user about recent hypoglycaemia or previous severe hypoglycaemia (requiring 3rd party assistance). This allows better understanding of existing glucose trends prior to hospitalisation.**The health care professional (HCP) has explained my responsibilities for the ongoing wear and use of my CGM whilst I am an inpatient in a Queensland Health facility, and I agree to the above.**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient/carer name: ……………………………………… | Signature:……………………………………………….. | Date: ……………………………….. |  |
|  |  |  |  |
|  |  |  |  |
| HCP name:……………………………………..………… | Signature:……………………………………………….. |  |  |
|  |  |  |  |
| HCP Designation:………………………………………… | Date:……………………………………………………… |  |  |
|  |  |  |  |

 |