

Nursing Support Services – Flash Glucose Monitoring (FGM) Q & A

Q: How do FGM Diabetes Care Plans differ from other diabetes care plans?

The FGM care plan uses sensor technology which enables the sensor glucose (SG) reading to be used as a replacement for a BG finger poke. Your child's SG reading will be checked every 1.5-2 hours and actions will be based upon the reading. Ideally your child will not need to have any finger pokes while at school, however, there may be some times when a BG finger poke may be required, such as when the SG is in the low range or in the circumstances described in the "When would my child use their BG Diabetes Care Plan at school?" question found later in this document.

Q: Why must my child wear a FGM for 2 weeks before being able to go on a FGM Diabetes Care Plan?

When a child first starts using a FGM, there is usually a transition period where the trending information provided by the FGM is used by the child's diabetes team to make adjustments to their overall diabetes management. For your child's safety, it is best that this be done before the FGM is used in the school so that your child's diabetes management will be predictable enough for you to make informed choices for your child's care plan. Remember this does not mean your child cannot wear the FGM at school (with all alerts/alarms turned off); just that the care plan will not be initiated until after 2 weeks. Some families' trial FGM technology but, for a variety of reasons, then decide that it is not a good fit for their family; they usually know this within the first two to four weeks of use.

Q: What is the process of establishing a FGM Diabetes Care Plan?

First you will contact your NSS Coordinator to let him/her know that you want to set up a FGM Diabetes Care Plan. Then, you will meet with your NSS Coordinator to first set up or update your child's current BG Diabetes Care Plan. This BG care plan will serve as a back-up plan if the FGM technology is not functioning properly. Then, once your child has worn their FGM for the 2 week period, your NSS Coordinator will meet with you to set up the FGM Diabetes Care Plan and will contact the school to set up training for the school staff.

Q: Why does my child require a BG Diabetes Care Plan as well as a FGM Diabetes Care Plan?

There may be times where the Diabetes BG care plan will be used as a back-up care plan at school (please see the the "When would my child use their BG Diabetes Care Plan at school?" question found later in this document). Once your child has been switched to the BG Diabetes Care Plan, he/she will remain on this care plan for the remainder of the school day. If an alert/alarm sounds, during this time, the school staff will test your child's BG and follow the BG Diabetes Care Plan.

Q: When would my child use their BG Diabetes Care Plan at school?

- The receiver is not being kept with your child.
- Your child's FGM is not working:
 - there is no **SG** number showing on the receiver
 - there is an **SG** number but no arrow showing on the receiver
 - the sensor falls out
- Lastly, there may also be times when you feel your child should use the BG care plan for the day. NOTE: it is a parent's responsibility to notify the school:
 - You notice the FGM is not accurate on a given day and would prefer **BG** checks.

Q: Why does my child on a FGM Diabetes Care Plan still require a finger poke at lunch if he/she uses the Insulinx meter for calculating?

The Insulinx meter requires a BG finger poke in order to determine insulin dosing - it does not allow the manual entry of any number (i.e. SG) to be entered into the meter.

If you do not wish for your child to have a finger poke for dosing, you may choose to have the school staff follow the Bolus Calculator Worksheet that your diabetes team can provide you with (it is also available on the BCCH website at: <http://www.bcchildrens.ca/health-info/coping-support/diabetes>).

NOTE: Unlike the Insulinx Meter, the bolus calculator sheet does not enable you to track the active insulin from boluses at school.

Q: Why can't school staff wear the receiver or use the Libre LinkUp App that Abbott 2 provides?

For the receiver device to work properly, an EA would need to be within 6 metres of the child he/she supports. There is no provision within the current school environment or staffing for a child to have their own EA/SEA. Therefore, the receiver needs to be on the child so when an alert does occur, he/she can reach out for help and/or whoever is near the child and hears the alarm, can also call.

School staff is unable to wear personal devices that a family provides or follow on the share app. The potential risk of privacy breeches if school staff is wearing a personal device accessing your child's information and taking it home or forgetting to disable the program accidentally is too high.