# PHASE 2: Long-Term Care Guidelines

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

<table>
<thead>
<tr>
<th>A1C Monitoring</th>
<th>On Admission</th>
<th>Rationale</th>
<th>A1C Interpretation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment types</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lifestyle only</td>
<td>.........</td>
<td>Possibly</td>
<td>• To determine need to adjust DM treatment (†, ‡, discontinue* DM med)</td>
</tr>
<tr>
<td>• Non-insulin agents</td>
<td>..........</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>• Insulin</td>
<td>............</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Lifestyle only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-insulin agents and/or basal insulin only</td>
<td>1-2 x per year</td>
<td></td>
<td>An A1c of:</td>
</tr>
<tr>
<td>Basal insulin and meal time insulin</td>
<td>1-2 x per year</td>
<td></td>
<td>- 8% is equal to an average glucose of ~ 10 mM</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- 10%: acceptable if resident asymptomatic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>≥ 11%: consider ↑ DM medication/treatment, if aligned with goals of care</td>
</tr>
</tbody>
</table>

*If medication significantly changes, consider retesting A1C in 3 months.

---

Non-insulin agents = oral agents and injectable incretin-based therapies
dm = Diabetes
mM = mmol/L
basal = background insulin (N/NPH), usually taken 1-2 times per day
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

<table>
<thead>
<tr>
<th>Treatment types</th>
<th>On Admission</th>
<th>Rationale</th>
<th>BG Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle only</td>
<td>Possibly 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</td>
<td>To establish baseline</td>
<td>Recommendations BG 1:</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>To determine need to adjust DM treatment as per recommended glycemic targets due to:</td>
<td>&lt; 7 mM: DM treatment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Changing environment (from home to LTC)</td>
<td>7.0-9.9 mM: This range may be acceptable</td>
</tr>
<tr>
<td>Non-insulin agents</td>
<td>Yes</td>
<td>o Change in oral intake and possible change in DM treatment regimen</td>
<td>If hypoglycemic (more than 1x per month), ↓ DM treatment</td>
</tr>
<tr>
<td>Insulin</td>
<td></td>
<td>o A1C takes 2-3 months to demonstrate change</td>
<td>10.0-14.9 mM: This range is acceptable if no reversible symptoms (i.e., polyuria or nocturia)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>15.0-20.0 mM: This range may be acceptable. Occasional values in this range (not persistent) do not require medication adjustment.</td>
</tr>
</tbody>
</table>

*No known diabetes, no testing required*

---

### Rationale

- **Routine-Ongoing (frequency)**
  - Test when:
    - Major change in health status

- **Lifestyle only**
  - Not required

- **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)
    - Note, most people on meal time insulin can be switched to Basal insulin only (1-2 x/day)  
  - More frequent BG monitoring may be needed:
    - 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

#### BG Interpretation

- **If BG is consistently < 7 mM, stop or ↓ DM treatment**
  - 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 > 15 mM:**
  - 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

---


**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.*