This leaflet contains information on testing your own blood glucose levels.

Kernow Clinical Commissioning Group

Home blood glucose testing
Patient information leaflet

www.kernowccg.nhs.uk
Do I need to test?

When should I test my own blood glucose level?
Some diabetic patients are advised to carry out self monitoring of blood glucose, as shown opposite. Patients who drive must follow DVLA guidelines on testing.

For up to date advice, go to www.direct.gov.uk.

What is an OK level?
Blood glucose levels are ideally between 4 and 7mmols before meals, and between 7 and 10mmols after meals. If your test results are frequently outside this range, seek advice from one of your health care professionals. Individual target levels will be set for you when you are taught how to test your own blood sugar. The important thing is knowing what to do with the results, rather than doing lots of tests.

What if I am ill?
When you are ill, your glucose levels can vary a lot, even if you usually have steady control of your diabetes. For this reason, it can be important to test your blood glucose levels more often when you are unwell.

Why has my GP practice / Diabetic Nurse changed my blood glucose meter?
Local diabetes specialist teams in both Devon and Cornwall have agreed certain meter choices for reasons of consistency and cost. As a result of these agreements, there are local guidelines outlining which meters and strips should be available to people depending on their testing needs.
<table>
<thead>
<tr>
<th>Type</th>
<th>Testing</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type 1 and Children</strong></td>
<td>May need to test up to 9x daily, and as per DVLA*.</td>
<td>6 boxes of 50 per month.</td>
</tr>
<tr>
<td><strong>Type 2 Diet Only</strong></td>
<td>Not normally necessary.</td>
<td>Quantities for drivers should be appropriate to the individual’s needs.</td>
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<tr>
<td><strong>Type 2 (Metformin, Glitazones Glitpins, Glitpins, GLP analogues)</strong></td>
<td>Not routinely necessary (these tablets don’t cause hypoglycaemia).</td>
<td></td>
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<tr>
<td><strong>Type 2 Sulphonylurea</strong> (e.g. Gliclazide, Glimepiride, Glipizide, Tolbutamide)</td>
<td>May need to test a few times a week. Group 2 drivers at least two checks a day on top of usual testing requirements.</td>
<td>1-2 boxes of 50 per 1-4 months depending on frequency of driving.</td>
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<tr>
<td><strong>Type 2 Insulin</strong></td>
<td>May need to test once or twice daily. Group 1 drivers test regularly*, Group 2 drivers at least twice daily and times relevant to driving*.</td>
<td>1 box of 50 per 1-2 months. For non-drivers. Quantities for drivers should be appropriate to the individual’s needs.</td>
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</tbody>
</table>

*DVLA’s current guidelines advise that you test your blood glucose at least two hours before the start of the first journey and every two hours while driving.
How is diabetes best monitored?
When you have a diabetes checkup, a blood sample for HbA1c test is taken. This is part of measuring how well you are controlling your diabetes and gives information on your blood glucose levels over the past six to eight weeks.

Your blood glucose levels will be set by your doctor or nurse but generally recommendations are for levels consistently between 4mmols and 10mmols.

This test shows how well your diabetes is being managed, and for some people this is all that is needed to monitor their diabetes. Your doctor will usually test this once or twice a year.

This leaflet has been developed by NHS Kernow’s Medicines Optimisation Team via the Diabetes Work Stream.

Who do I contact if I need more advice?
If you are concerned, you should seek advice from your GP or Diabetes Specialist Nurse.

Contact NHS Kernow
☎ 01726 627800
📧 kccg.contactus@nhs.net
🌐 www.kernowccg.nhs.uk