

Dexcom

G5[®] mobile

Treatment Decisions: Advanced for use by Healthcare Professionals



The Dexcom G5[®] Mobile Continuous Glucose Monitoring (CGM) System can help optimize diabetes treatment plans. Use a correction factor and add or subtract the number the arrow represents.

Start with these resources to help guide the conversation with your patients about using the Dexcom G5 Mobile for treatment decisions:

- Dexcom G5 Mobile Treatment Decisions: The Basics: dexcom.com/fingersticks
- Dexcom G5 Mobile CGM System User Guide: dexcom.com/guides

What do the arrows mean?



Glucose could **increase more than 90 mg/dL** in 30 minutes.



Glucose could **increase 60-90 mg/dL** in 30 minutes.



Glucose could **increase 30-60 mg/dL** in 30 minutes.



Steady. Not increasing/decreasing more than 1 mg/dL each minute.



Glucose could **decrease 30-60 mg/dL** in 30 minutes.



Glucose could **decrease 60-90 mg/dL** in 30 minutes.



Glucose could **decrease more than 90 mg/dL** in 30 minutes.

Possible Adjustments:

Current glucose **plus 100 mg/dL**.

Current glucose **plus 75 mg/dL**.

Current glucose **plus 50 mg/dL**.

No adjustment.

Current glucose **minus 50 mg/dL**.

Current glucose **minus 75 mg/dL**.

Current glucose **minus 100 mg/dL**.

This is a summary of a clinical article published in a peer reviewed journal. This method should only be used for pre-meal and correction dosing. Correction dosing should be at least two hours after last insulin dose.

Kim has a target glucose of 100 mg/dL and a correction factor of 1:50. This means she would take 1 unit of rapid-acting insulin to lower her glucose about 50 mg/dL. Let's see what Kim does:



Kim adds 75 mg/dL because of the up arrow	$+ \begin{array}{r} 225 \\ 75 \end{array}$
Kim subtracts her target number	$- \begin{array}{r} 300 \\ 100 \end{array}$
Kim divides by her correction factor	$\div \begin{array}{r} 200 \\ 50 \end{array}$
Kim uses her insulin pen to take 4 units of insulin	$= 4$

If Kim had an insulin pump, she would input 300 mg/dL and let the pump do the math.

Kim subtracts 100 mg/dL because of the double down arrow	$- \begin{array}{r} 300 \\ 100 \end{array}$
Kim subtracts her target number	$- \begin{array}{r} 200 \\ 100 \end{array}$
Kim divides by her correction factor	$\div \begin{array}{r} 100 \\ 50 \end{array}$
Kim uses her insulin pen to take 2 units of insulin	$= 2$

If Kim had an insulin pump, she would input 200 mg/dL and let the pump do the math.

Whether your patients are new to Dexcom or experienced, they should keep using a meter to make treatment decisions until they know how Dexcom works. Don't rush! It may take days, weeks or months for your patients to gain confidence in using Dexcom G5 Mobile to make treatment decisions. They should keep confirming glucose readings with a meter until they understand:

- the accuracy experienced with each newly inserted sensor may vary
- a sensor might work differently in different situations (meals, exercise, first day of use, etc.)

This method was based on: Pettus J., & Edelman S.V. Recommendations for using Real-Time Continuous Glucose Monitoring (CGM) Data for Insulin Adjustments in Type 1 Diabetes. *Journal Diabetes Science and Technology*. 2016; 1-10.

BRIEF SAFETY STATEMENT: The Dexcom G5 Mobile Continuous Glucose Monitoring (CGM) System ("G5") is a glucose monitoring system indicated for the management of diabetes in persons age 2 years and older. The G5 is designed to replace fingerstick blood glucose testing for diabetes treatment decisions. The G5 also aids in the detection of episodes of hyperglycemia and hypoglycemia. The G5 is intended for single patient use and requires a prescription. **CONTRAINDICATIONS:** Do not rely on the G5 CGM data if you have recently taken acetaminophen. Remove the G5 (sensor, transmitter, and receiver) before Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scan, or high-frequency electrical heat (diathermy) treatment. The G5 is MR Unsafe. Do not bring any portion of the G5 into the MRI environment. **WARNING:** CGM-based diabetes treatment decisions are only approved with the G5, not previous generations of Dexcom CGM systems. Calibrate at least once every 12 hours using a fingerstick. If your G5 does not display a sensor glucose reading and an arrow, or if you are getting inaccurate or inconsistent readings, take a fingerstick. If your glucose readings and alerts do not match your symptoms or expectations, take a fingerstick to confirm. Failure to do so may lead to hyperglycemia or hypoglycemia. The G5 is not approved for use in pregnant women, persons on dialysis or critically ill persons. If a sensor breaks and no portion of it is visible above the skin, do not attempt to remove it. Seek professional medical help if you have infection or inflammation on or near the sensor insertion point. Report broken sensors to Dexcom Technical Support. Sensor placement is not approved for sites other than under the skin of the belly (ages 2 years and older) or upper buttocks (ages 2-17 years). To "share" data, you need an internet connection and a separate compatible smart device running the Dexcom Follow App. Contact Dexcom Toll Free at **877-339-2664** or www.dexcom.com for detailed indications for use and safety information.