Consider Ordering CGM in the Following Situations:

- HbA1C greater than 9.0%
- Discordant HbA1C and fingerstick glucose data
- Change in diabetes treatment plan
- Patient has renal impairment
- Patient with frequent hypoglycemia or hypoglycemia unawareness
- Patient with gastroparesis
- Patient does not follow recommendations for checking fingerstick glucose levels
- Annually on patient that is being treated with intensive insulin management plan
- When data are needed to determine Time in Range (TIR)

HbA1C data are collected prior to placement of Professional CGM and again 3 months later.

Sample Documentation

Used by permission, Diana Isaacs, PharmD, BCPS, BC-ADM, Cleveland Clinic.

Summary of Professional CGM Findings

1. Average glucose is 148mg/dL +/-48  BG range: 68-313
2. Total frequency of hypoglycemia: overall 0% BG<70, lowest BG of 68 occurred one time at 7pm
3. Nocturnal hypoglycemia was NOT noted
4. Hyperglycemia episodes: 22% BG>180, post-prandial, often d/t missing prandial insulin, injecting prandial insulin late, or eating high CHO with limited protein.
5. The patient was afraid to inject lispro if BG was in range before meal

+++INCLUDE AGP or CGM summary with documentation