DIABETES Continuous Glucose Monitor (CGM) Addendum to IHP Utah Department of Health/ Utah State Board of Education			School Year:	Picture
Student:	DOB:	Grade:	School:	
Parent:	Phone:		Email:	
School Nurse:	School Phone:		Fax or Email:	

If CGM requires calibration for treatment parent must check appropriate boxes and sign below.

All students using a CGM at school must have the ability to check a finger-stick blood glucose with a meter in the event of a CGM failure or apparent discrepancy.

My student is currently using the following continuous glucose monitoring system which is not FDA approved for making treatment decisions:

☐ My student uses a **Medtronic 530 G and 630 G** with Enlite Sensor system which monitors glucose and will automatically turns off basal rates if the low threshold glucose is reached based on the CGM. When CGM alarms, treatment should be determined based on a finger-stick blood glucose. If the pump requests a calibration, the student can calibrate this on their own. The school nurse and the parent must put a plan in place for calibrating the CGM at school if the pump requests a calibration and the student is unable to calibrate the CGM independently. The reading used to calibrate the CGM must come from a finger-stick blood glucose using a meter.

☐ **I verify that I understand that the Medtronic 530G and 630G are not FDA approved for making treatment decisions. I approve the school personnel or school nurse to assist with calibrations (if desired).**

☐ My student uses a **Dexcom G4.** When the CGM alarms, treatment should be determined based on a finger-stick blood glucose.

☐ **I verify that I understand that the Dexcom G4 is not FDA approved for making treatment decisions.**

☐ My student uses a **Freestyle Libre** (which is not FDA approved for making treatment decisions in individuals under the age of 18). Treatment should be determined based on a finger-stick blood glucose.

☐ **I verify that I understand that the Freestyle Libre is not FDA approved for making treatment decisions.**

☐ My student uses a M**edtronic 670 G with Guardian sensor system** which is a hybrid closed loop system that monitors glucose and automatically adjusts the delivery of basal insulin based on the user's glucose reading. When CGM alarms, treatment should be determined based on a finger-stick blood glucose. If the pump requests a calibration, the student can calibrate this on their own. The school nurse and the parent must put a plan in place for calibrating the CGM at school if the pump requests a calibration and the student is unable to calibrate the CGM independently. The reading used to calibrate the CGM must come from a finger-stick blood glucose using a meter.

☐ **I verify that I understand that the Medtronic 670G is not FDA approved for making treatment decisions. I approve the school personnel or school nurse to assist with calibrations (if desired).**

☐ My student uses a **Medtronic Guardian Connect system**. When CGM alarms, treatment should be determined based on a finger-stick blood glucose.

☐ I verify that I understand that the Medtronic Guardian Connect system is not FDA approved for making treatment decisions.

Parent Signature:	Date:

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Student Name:	DOB:	School Year:

My student is currently using the following continuous glucose monitoring system which is FDA approved for making treatment decisions:

☐ My student uses a **Dexcom G5**. Correction doses of insulin for hyperglycemia, or the intake of carbohydrates for treating hypoglycemia can be determined at school based on the CGM if the sensor glucose value is between 80 mg/dl and 350 mg/dl and there is a directional arrow; unless otherwise directed by the provider. ***Under certain circumstances***, insulin doses may be adjusted based on trend arrows. If the symptoms of the student do not match the CGM reading, check a finger-stick blood glucose with a meter.

☐ **I verify that I am responsible for calibrating the Dexcom G5 at home two times daily. I approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the Dexcom G5.**

☐ My student uses a **Dexcom G6**. Correction doses of insulin for hyperglycemia, or the intake of carbohydrates for treating or preventing hypoglycemia can be determined at school based on the CGM if there is a glucose number between 80 mg/dl and 350 mg/dL and there is a directional arrow visible on the CGM, unless otherwise directed by the provider. ***Under certain circumstances,*** insulin doses may be adjusted based on trend arrows. The "Urgent Low Soon Alert" signifies that a glucose of 55 mg/dl will be reached within 20 minutes. This should be treated based on the student's emergency action plan. If the symptoms of the student do not match the CGM reading, check a finger-stick blood glucose with a meter.

☐ **I verify that I approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the Dexcom G6.**

Parent Signature:	Date:

New CGMS are released periodically. If a new one is released it must first be verified as FDA approved to make treatment decisions before being used in the school setting. Until then, all readings must be verified by a finger-stick blood glucose before making treatment decisions.

☐ My student uses the following CGM system:

☐ I verify that I understand this system is not FDA approved for making treatment decisions. When the CGM alarms, all treatment should be based on a finger-stick blood glucose.

OR

☐ I verify that I understand this system is FDA approved for making treatment decisions (any new devices must first be verified as approved by FDA before using for making treatment decisions).

- ☐ I verify that I am responsible for making any calibrations necessary as required by the manufacturer.
- ☐ I verify that I approve the school personnel or school nurse to treat hypoglycemia or give insulin doses based on the readings from this CGM (only after verification of FDA approval for making treatment decisions).

☐ Additional comments:

Parent Signature:	Date: