MINIMED™ 670G SYSTEM SMARTGUARD™ AUTOMODE FOLLOW UP VISIT ASSESSMENT GUIDE

The table below lists observations and possible questions / actions to consider during follow-up visits.

GENERAL ASSESSMENT		
Observations	**Questions to Ask**	**Possible Actions to Consider**
☐ Sensor wear percentage	Is sensor wear < 85%?	■ Review need for consistent sensor wear ■ Address solutions for increasing sensor use
☐ Percent time in Auto Mode	Is the percent time in Auto Mode < 80%?	■ Review Auto Mode Exits to help reduce the occurrence ■ Explore difficulties with timely re-entry into Auto Mode
☐ Glucose levels when in Manual Mode	Are lows occurring in Manual Mode?	■ Decrease basal rate 10-20% during the time period that lows occurred ■ Adjust basal rates to ensure 24 hr total is comparable to Auto Basal total
	Are lows occurring in Auto Mode?	■ Assess for phantom carbs, ensure meal bolus is given pre-meal, ICR is optimal, Temp Target is used for exercise
	Are highs occurring in Manual Mode?	■ Increase basal rate 10-20% during the time period that highs occurred ■ Adjust basal rates to ensure 24 hr total is comparable to Auto Basal total
	Are highs occurring in Auto Mode?	■ Assess for post-meal bolusing (encourage pre-meal bolusing) and ICR is optimal

BOLUS ASSESSMENT		
Observations	**Questions to Ask**	**Possible Actions to Consider**
☐ Post meal lows	Are lows due to timing of bolus, inappropriate ICR, inaccurate carb counting?	■ Bolusing post-meal: Reinforce pre-meal bolusing ■ ICR: weaken ICR 10-20% so less insulin is given ■ Take steps needed for accurate carb counting
☐ Post meal highs	Are highs due to inadequate carb counting, bolusing post-meal, inappropriate ICR, not adding carbs when more was eaten than originally planned?	■ Carbs: Take steps for adequate carb entry and bolusing post-meal ■ ICR: strengthen ICR 10-20% so more bolus insulin is given ■ Additional carbs: Encourage entering additional carbs as eaten
☐ Post correction lows	Are lows due to correction boluses given within AIT of another correction bolus?	■ Increase AIT setting15-30 minutes
☐ Post correction highs	Are correction boluses (given within AIT of another correction bolus) causing hyperglycaemia?	■ Decrease AIT setting15-30 minutes

FOLLOW UP ASSESSMENT GUIDE

OVERNIGHT ALERT ASSESSMENT

Observations	Questions to Ask	Possible Actions to Consider
☐ Nocturnal alerts	Are alerts due for calibration, Min delivery or Max delivery?	Instruct patient, before going to sleep, to: ■ Test BG and calibrate ■ Check pump for blue SmartGuard™ shield ■ Give correction (if recommended)

AUTO MODE EXIT ASSESSMENT

Reason for Exit	Questions to Ask	Possible Actions to Consider
☐ Missed Calibration	Are alerts occurring during the night?	■ Encourage calibrating before bedtime
	Does patient pro-actively calibrate?	■ Reinforce concept of scheduled pro-active calibrations
	Does patient know how to calibrate and that additional calibrations are sometimes needed?	■ Have patient calibrate to assess if calibating properly
☐ High SG Auto Mode ☐ Auto Mode max delivery	Is ICR optimised?	■ Assess the need for an ICR adjustment
	Are food boluses given after eating or skipped?	■ Counsel patient on carbohydrate counting, timing of meal bolus and bolus delivery
	Are additional carbs added when consumed above what was originally estimated?	■ Ensure the additional carbs are entered and bolus given when more carbs are consumed than originally estimated
	Is BG tested and entered to assess need for correction bolus and is correction being delivered?	■ Ensure BG readings are entered for correction boluses and the boluses are being delivered
	Are exits occurring during the night?	■ Counsel patient to test BG and give recommended correction bolus at bedtime
☐ Min delivery	Is this occurring after exercise?	■ Consider using Temp Target for exercise
	Is the min delivery timeout occurring during the night?	■ Advise patient to test BG at bedtime and eat a small protein snack
☐ Auto Mode disabled by user	Why is patient turning Auto Mode OFF? (unrealistic expectations, alert fatigue, does not trust Auto Mode?)	■ Establish realistic expectations and benefits of Auto Mode ■ Use A&P report to show improved control in Auto Mode ■ Encourage use of Suspend before low when in Manual Mode

For detailed information regarding the instructions for use, indications, contraindications, warnings, precautions, and potential adverse events, please consult the device manual. For further information, contact your local Medtronic representative.