

MiniMed 780G System Follow Up Checklist

Date:

Name of person living with type 1 diabetes:

Goals and concerns:

Assessment & Progress (CareLink)

SmartGuard™ (per week): <i>Goal: >85%</i>	Sensor wear (per week):	GMI: <i>Goal: <7%</i>
Coefficient of variation: <i>Goal: <36%</i>	Low/high SG alerts (per day):	Total Daily Dose:
Set change frequency: <i>Goal: every 2-3 days</i>	Meal (per day):	Carbs entered (per day):
Time in range: <i>Goal: >70% (3.9-10mmol/L)</i>	Time below range : <i>Goal: <5% (<3.9mmol/L)</i>	Time above range: <i>Goal: <25% (>10mmol/L)</i>
Notes:		

Device Settings (CareLink)

Review basal settings (for safety in Manual Mode): <i>Recommended: <50% TDD</i>	Active insulin time: <i>Recommended: 2 hours</i>	Carb ratio: <i>Recommended initial setting: 400/TDD. May need strengthening to 300/TDD</i>
SmartGuard™ target: <i>Recommended: 5.5mmol/L</i>	Auto Correction: <i>Recommended: On</i>	Suspend before low: <i>Recommended: On at 3.4mmol/L</i>
Notes:		

Moving forwards

Clinician suggestions:
Next appointment (date and ideas):

Follow-up

Review **AIT** and **auto basal** target

- AIT set to 2.0 hours?
- Auto basal set to 5.5 mmol/L?
- If not, is a higher Auto basal target warranted?

Time **above** range is **high**

Use Meal Bolus Wizard and Daily Review CareLink™ reports to evaluate if:

- **Bolusing too late:** if pre-bolus glucose rise occurs, counsel patient on bolusing earlier before meal
- **Boluses are omitted**
- **ICR has not been adjusted:** if 2 hour post-prandial glucose is > 10.0 mmol/L and bolus timing is appropriate, ICR may need to be strengthened to provide a larger meal dose (i.e. change ICR from 10g/U to 8g/U). Reassess ICR in relation to TDD.

Time **below** range is **high**

Use CareLink™ reports to assess:

- Timing of bolus
- Overestimating of carbs (avg carbs/meal are listed)
- Smaller meal bolus may be needed (i.e. weaken ICR from 8g/U to 10g/U)
- If persistent **lows** occur without a bolus: consider higher Auto basal target
- If persistent **lows** occur after **Auto** Correction boluses: use longer AIT (i.e. 2.0 to 2.5 hours)
- Utilisation of temp target with exercise
- If **low during sleep**, smaller meal/snack bolus may be needed prior to bed (or program higher target or even temp target)

If SmartGuard™ use is < **85%**

- Educate on sensor wear (primary issue)
- Check for any SmartGuard™ exits (Assessment & Progress Report)

If Sensor use is < **85%**

- Educate on sensor use and care
- Explore reasons for underuse

Best practices

- Keep interventions at a minimum. After updating a setting, allow the system time to adapt
- Carb entry + Auto Correction boluses ON + lowest Auto basal target = achieving diabetes goals
- Assess and adjust ICR and AIT. Using TDD as a guide with 300 to 400 rule, is the ICR correct?
- **In general:** the system needs time to adapt, and it may take a few days, but maybe also several weeks
- Auto Correction % is an indicator of how the patient is using the system. If Auto Correction % is high (>30%) and personalised goals are not met:
 - Evaluate if boluses are omitted
 - Evaluate meal bolus report to assess bolus timing and ICR adequacy
 - If post-prandial elevated, consider intensifying carb ratio (more insulin) or refine carb counting if not consistent

Clinical tips

- Encourage carb counting and pre-meal bolusing
- Start new sensor during a fasting period or wait 2-3 hours after bolusing
- Caution using multiple Correction doses in Manual Mode
- Majority of patients will run a bit above the target glucose setting
- Keep Manual Mode basal rates up to date
- Depending on CGM slope and past insulin delivery, the SmartGuard™ feature may reduce a food bolus to help mitigate low SG
- Sync to CareLink™ feature allows automatic uploads, giving HCPs access to data with less work

References

1. Battelino T et al. Clinical Targets for Continuous Glucose Monitoring Data Interpretation: Recommendations from the International Consensus on Time in Range. Diabetes Care 2019; 42: 1593-1603
2. American Diabetes Association. 6. Glycemic Targets: Standards of Medical Care in Diabetes-2020. Diabetes Care 2020;43(1):S66-S76
3. American Diabetes Association. 13. Children and Adolescents: Standards of Medical Care in Diabetes-2020. Diabetes Care 2020;43(1):S163-S182
4. Battelino T et al. Routine use of continuous glucose monitoring in 10 501 people with diabetes mellitus. Diabet Med 2015. 2(12); 1568-74
5. ABCD Diabetes Technology Network CSII Best Practice Guide. Continuous subcutaneous insulin infusion (CSII). A clinical guide for adult diabetes services. <https://abcd.care/dtn-uk-best-practice-guides> (last accessed 16 April 2018)

Medtronic

Medtronic Australasia Pty Ltd
2 Alma Road
Macquarie Park, NSW 2113,
Australia
Tel: +61 2 9857 9000
Fax: +61 2 9889 5167
Toll Free: 1800 777 808

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

12394-032023 © 2023 Medtronic. All rights reserved. Medtronic, Medtronic logo, and Engineering the extraordinary are trademarks of Medtronic. All other brands are trademarks of a Medtronic company. ACCU-CHEK, ACCU-CHEK GUIDE, ACCU-CHEK FASTCLIX, and ACCU-CHEK SOFTCLIX are trademarks of Roche Diabetes Care. DreaMed Diabetes is a trademark of DreaMed Diabetes, Ltd. The MiniMed™ 780G system algorithm includes technology developed by DreaMed Diabetes.