

Unreliable Use of a Continuous Glucose Monitor in the Outpatient Procedural Setting

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Introduction

- Glucocorticoid injections pose risks to diabetic patients due to potential blood glucose elevation.
- As CGMs become widespread, it may be tempting to defer facility testing and rely on patients' home monitors.
- Reliable inpatient use of CGMs has been reported.
 - Used in COVID units
 - CGMs used inpatient required frequent calibration by nursing
- FDA Guidelines
 - Known variance between capillary glucose and serum glucose
 - Permits CGM vs serum laboratory measures a difference of 20%.
- Facility glucometers are calibrated every morning.
- Home CGMs are intended to be calibrated every 10 days.



Figure 1: Capillary glucose reading of patient's CGM

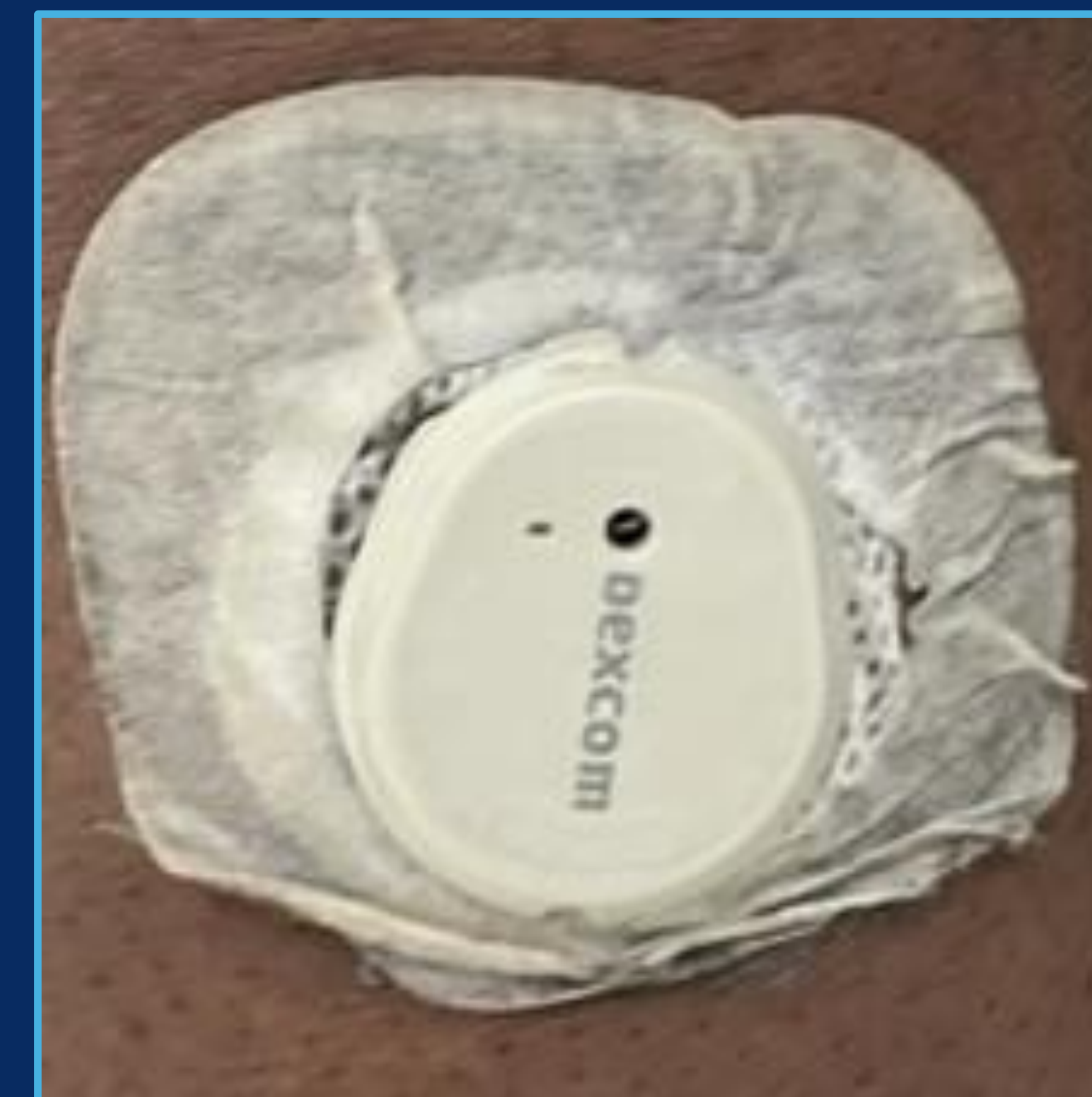


Figure 2: Patient's CGM located on arm

Conclusion

We present an episode of an unreliable home CGM (continuous glucose monitor) at the time of an outpatient procedure. We share this case for all proceduralists to be aware that home CGMs cannot be trusted in procedure safety decisions.

Case Timeline

1. Patient presented for scheduled procedure
2. Patient has point of care glucose check due to diabetic status using facility POC capillary glucose test
3. Facility glucometer presents reading of 244 mg/dL
4. We informed patient of need to postpone procedure
5. Patient presents home CGM reading of 142 mg/dL. See figure 1.
6. Repeat facility glucometer readings are congruent with hyperglycemia.
7. Procedure is postponed.