Thames Valley
Family Health Team

Medical Directive

Glucose Monitoring	**Assigned Number: 003A**
Activation Date: July 1, 2011	**Review Due: December 2027**

Approval Signature & Date

Medical Director: _____ Date Reviewed: Aug 11, 2026

Executive Director, Clinical Services: _____ Date Reviewed: Aug 11, 2026

Order and/or Delegated Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Prescribe diabetes monitoring supplies, apply percutaneous glucose sensors, and/or perform capillary blood glucose testing as clinically indicated, to support self-management of Type 2 Diabetes Mellitus in adult patients.

Recipient Patients:	**Appendix Attached:** ☐ **Yes** ☒ **No**

All active patients (attached or unattached) served by Thames Valley Family Health Team affiliated physicians and nurse practitioners, as identified on the Authorizer Approval Form.

Authorized Implementers:	**Appendix Attached:** ☐ **Yes** ☒ **No**

Thames Valley Family Health Team Registered Nurses, Registered Practical Nurses, and Registered Pharmacists. (RN/RPN/RPh).

The implementer must complete educational requirements for this medical directive, including review of the educational package and medical directive and successful completion of any quizzes. If additional orientation or shadowing is needed, the implementer must make arrangements for this with their clinical supervisor. Once all of the above has been completed, they are required to sign the Implementer Performance Readiness Form electronically, via Citation Canada, indicating they have the knowledge, skill and judgement to safely enact the directive.

Indications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Adult patients (≥18 years) diagnosed with Type 2 Diabetes or identified as at risk for developing Type 2 Diabetes requiring self-management support.	
Contraindications:	**Appendix Attached:** ☐ **Yes** ☒ **No**
1. Patients under 18 years of age 2. Patients diagnosed with Type 1 Diabetes Mellitus 3. Patients identified by their provider who are not candidates for this medical directive.	
Consent:	**Appendix Attached:** ☐ **Yes** ☒ **No**
Informed verbal consent is obtained from patient/substitute decision maker, per TVFHT: Informed Consent of Patient Healthcare Procedure, prior to the implementation of care.	
Guidelines for Implementing the Order/Procedure:	**Appendix Attached:** ☐ **Yes** ☒ **No**
1. Provide health education on blood glucose levels and appropriate blood glucose monitoring techniques. 2. Prescribe diabetes monitoring supplies when clinically indicated to support effective self-management. 3. Apply percutaneous glucose sensors as needed to facilitate continuous glucose monitoring. 4. Perform point-of-care capillary blood glucose testing as required to support patient education in self-monitoring. 5. The implementer will consult with the patient's primary care provider, on-call physician, or nurse practitioner if patients report any acute or urgent medical concerns.	

Documentation and Communication	**Appendix Attached:** ☐ **Yes** ☒ **No**

- The implementer will follow the documentation standards set by their governing college.
- In the patient's medical record, documentation must be completed on the TVFHT documentation template provided for this directive.
- Information regarding implementation of the directive and the patient's response will be documented in the patient's medical record, in accordance with standard documentation practice.
- Requisitions and prescriptions released must include the name and number of the directive, name of authorizer, name and signature of implementer.

Review and Quality Monitoring Guidelines:	**Appendix Attached:** ☐ **Yes** ☒ **No**

The directive remains in effect until amended. It will be reviewed biennially or under the following circumstances:

1. The Medical Director identifies a need for change
2. Issues arise related to the directive's use—the team must promptly communicate these concerns to their clinical supervisor, Medical Directives Coordinator, or Clinical Director
3. New information becomes available between scheduled reviews, particularly if it affects outcomes

The Medical Directives Committee will then review the concerns in consultation with at least one implementer and the Medical Director, as needed, before making necessary changes.

Approving Authorizer(s):	**Appendix Attached:** ☐ **Yes** ☒ **No**

Authorizer Approval Form signed in Citation Canada.