DEXCOM ADVICE SHEET FOR LOW ALERTS

Child's Name _____

Week beginning (Insert Date) _____

> **On seeing the low alert – Test the blood sugar via finger prick**
> - If <u>blood sugar</u> less than 4.0 mmol/L – Treat for hypo
> - If <u>blood sugar</u> 4.0 mmol/L or above – Follow the table below

Arrow direction		What it means	Action to take
Receiver	App		
⬆⬆	◯	Rising very quickly	No action
⬆	◯	Rising quickly	No action
⬈	◯	Rising slowly	No action
➡	◯	Sugar levels are steady	No action
⬉	◯	Falling slowly	Quantity of food or drink to be specified
⬇	◯	Falling quickly	Quantity of food or drink to be specified
⬇⬇	◯	Falling very quickly	Quantity of food or drink to be specified

Parent name (capitals) _____

Parent signature _____