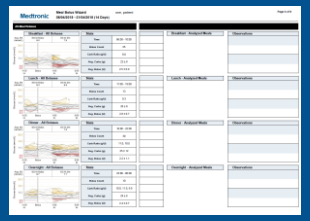
A I M

A METHOD FOR INTERPRETING MINIMED™ 670G DATA

UC201912955 EC

ASSESS

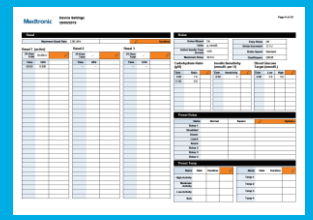


Assessment & Progress & Meal Bolus Wizard

IDENTIFY & CONFIRM

Weekly & Daily Review

MAKE CHANGES



Device Settings

ASSESSMENT & PROGRESS:

Time in Range: Compare A to B to assess for improvements

- 3.9 – 10.0mmol/L *(Goal adult ≥70%, peds ≥65%)*
- <3.9mmol/L *(Goal ≤3%)*
- <3.1mmol/L *(Goal ≤1%)*

Percentile Comparison:

- Degree of variability: Acceptable? Improved?
- Interquartile range (blue): Within target? Improved?
- Low (<3.9mmol/L) & high (>10mmol/L) excursions: is there a pattern? Frequent, prolonged, severe?

Statistics Section

- Auto Mode (AM) per week *(Goal ≥80%)*
- Sensor wear per week *(Goal ≥85%)*
- Auto Basal per day *(Goal 30-50%)*
- Carbs entered per day
- Active Insulin Time (AIT) *(3-4 hour recommended)*

MEAL BOLUS WIZARD:

- Pre-prandial: In range? Bolus timing?
- Post-prandial (2hrs): Rise >3.3mmol/L? Lows? Variability?

WEEKLY & DAILY REVIEW:

Meals: are meal boluses adequate? If not, related to:

- Insulin to carbohydrate ratio (ICR), bolus timing and/or carb counting skill/accuracy.
- *Note*: carefully examine situations where lows follow highs after bolusing for small amounts of carbs (usually ≤15g): user may be entering "phantom carbs" to trick the system into giving a correction bolus.

Overnights: does glucose stay/return to target overnight? If not, assess evening meal boluses as well as possibility of eating carbohydrate for which they didn't bolus.

AM Exits: are exits frequent/extended? If so, evaluate reasons for exit and adjust setting(s) and coach appropriate behavior. Most exits are resolved by following prompts and entering blood glucose (BG).

Corrections: Upon BG entry, bolus corrections are determined using the algorithm-derived insulin sensitivity factor (ISF). AIT is a secondary adjustment and has minimal impact on the algorithm. AIT rarely needs to be adjusted beyond the 3-4hr recommended setting.

DEVICE SETTINGS:

ICR: If 2hr post-meal:

- glucose rises >3.3mmol/L, decrease ICR by 10-20%
- lows occur, increase ICR by 10-20%

AIT: following a situation of a correction bolus in Auto Mode without food AND within AIT of a previous correction bolus, assess 2-3 hr. post-correction glucose. If glucose:

- >8.3mmol/L, shorten AIT (15-30 min)
- <8.3mmol/L, lengthen AIT (15-30 min)

Adjust Manual Mode (MM) settings to align with AM settings:

- **Basal**: compare AM and MM 24hr basal total daily dose (TDD) and adjust MM basal to ensure that MM basal TDD ≤ AM basal TDD. If MM basal TDD is > AM basal TDD:
  1. Divide AM basal TDD/24hrs and set one rate, OR
  2. Use one rate modified for dawn phenomenon, OR
  3. Modify current MM settings proportionally so that MM basal TDD ≤ AM basal TDD
- **ISF**: set using the 100 rule (100/AM TDD)
- **BG target**: 5.6-8.3mmol/L to mirror AM correction target