Adequate care and prevention of complications from chronic care diseases, such as non-insulin type 2 diabetes, is at an all time high. Preventive measures that can avoid further disease process progressiveness are is being emphasized from all levels in healthcare. Implementation of strategies that can improve the individual health, quality of life, and decrease healthcare costs related to the disease are emerging as a trend. The focus of the evidence-based study is focused on the implementation of daily fasting self-blood glucose monitoring on patients with non-insulin type 2 diabetes. Participants of the study were instructed to continue their current medication regimen and test their blood sugar fasting daily and record the value for a period of 12 weeks. Studies performed in patients with non-insulin type 2 diabetes in a global scale, present yield data that sustains recording self-blood glucose monitoring can improve hemoglobin A1C values. Training was given provided to the multidisciplinary team who would be performing the study on monitoring daily testing and documentation of self-blood glucose monitoring values. Participants performed participated in monthly office visits to the primary care office and were instructed to bring their blood sugar log. It was noted that teaching the importance of lowering blood sugars to avoid further disease and improve quality of life by the multidisciplinary team was an important factor during the visits. It was also noted, that, the involvement of the healthcare provider in closely following the values made a significant impact on the compliance of the participants. The research study clinic where the study was will performed will perform conduct a stakeholders meeting in order to discuss the findings of the study. There was a decrease of hemoglobin A1C in 72% of the participants in the study after 12 weeks of fasting self-blood glucose monitoring. And, with, 14% of the participants that presented had a lowering in their hemoglobin A1C, presented a decreased greater than 3 mg/dl in 12 weeks. Therefore, the results of this study will be evaluated to incorporate this practice guideline in the primary care clinic. A result of these findings, the primary clinic is making this part of their routine practice going forward in treating Type II diabetic patients. This best practice is recommended to be shared widely with primary care providers.

Title:
Self Blood Glucose Monitoring in Non-Insulin Type 2 Diabetes

Keywords:
Non insulin type 2 diabetes, Practice guideline and self blood sugar monitoring

Abstract Summary:
The use of self blood glucose monitoring in non insulin type 2 diabetes is a practice guideline that is not standardized in clinical practice. The use of self blood glucose monitoring in this study demonstrates significant benefits in outcomes of hemoglobin A1C in patients with non insulin type 2 diabetes.
**Content Outline:**
Self blood sugar monitoring practice guideline for non insulin type 2 diabetes

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