N16 - Glucose, HbA1c, and CGM

When: Glucose review, symptoms during treatment, or an HbA1c that disagrees with the patient.

Do this

• Compare HbA1c with capillary glucose or CGM patterns and symptoms. Include treatment days and days off dialysis [1].

• Record recent ESA or iron changes, transfusion, blood loss, and anemia. These can change HbA1c without an equivalent change in glucose [1].

• For suspected hypoglycemia, check glucose promptly and use the unit treatment and recheck protocol. Confirm a discordant sensor reading with the approved meter method.

• Bring recurrent lows, high readings, poor intake, and missed meals to the diabetes prescriber; document timing relative to dialysis and medicines.

Call / escalate

• Altered consciousness, seizure, inability to swallow, or persistent symptoms: activate emergency assessment and the unit hypoglycemia protocol.

• Repeated low readings, marked hyperglycemia with illness, or a mismatch between HbA1c and measured glucose: contact the responsible clinician promptly.

Don't

• Do not call diabetes resolved because HbA1c is low. Dialysis, anemia, and treatment can make HbA1c misleading [1].

• Do not independently change insulin or apply a single HbA1c target to every dialysis patient.

Evidence numbers refer to the sources on the reverse.

N16 - Glucose, HbA1c, and CGM

Why

• HbA1c remains useful for follow-up, but its reliability decreases in advanced CKD and is particularly limited during dialysis [1].

• KDIGO supports CGM-derived glucose management indicator when HbA1c disagrees with measured glucose or symptoms. Direct glucose data help detect variability and hypoglycemia [1].

• The KDIGO HbA1c target range of below 6.5% to below 8% was written for people not treated with dialysis; it should not be copied into a universal dialysis order [1].

Bring this to the review

Symptoms and timing; glucose or CGM values and confirmation; treatment-day pattern; food intake; diabetes medicines; recent ESA, iron, transfusion, or blood loss; action and recheck.

Sources - click to open

1. KDIGO 2022 Diabetes in CKD guideline, chapter 2 (glycemic monitoring).

Full reviews and navigation

Cardiometabolic Monitoring in Maintenance Hemodialysis

Complete screening and health maintenance white paper

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Adapted from the linked Clinical Mastery reviews. Updated September 27, 2026. Andrew Bland, MD, FACP, FAAP - Urine Nephrology Now.