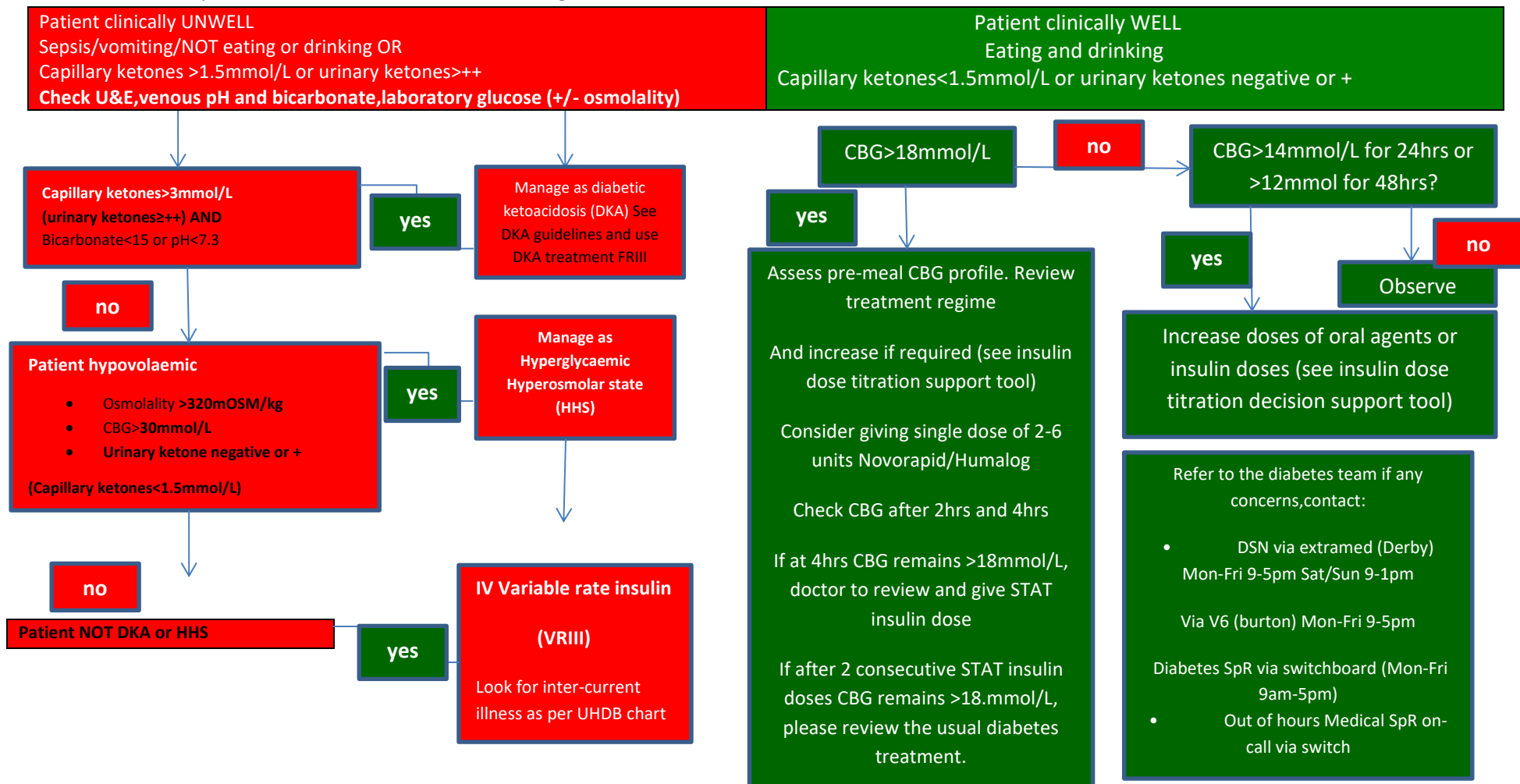


**PLEASE NOTE THAT THIS GUIDELINE SUPERCEDES THE 'ADULT DIABETES CHART'.
PLEASE REFER TO THIS GUIDELINE WHEN MANAGING HYPERGLYCAEMIA**

DIABETES DECISION SUPPORT TOOL

Management of Hyperglycaemia- High Capillary Blood Glucose Levels (CBGs) in Patients With Diabetes

- Pre meal blood glucose (CBG) >12mmol/L-review patient and CBG readings. Check CBG pre-meal and bedtime as a minimum
- Check for ketones (capillary or urine) in ANY patient known to have diabetes, who is clinically unwell or in patients who are clinically well if CBG> 18mmol/L
- Look for the cause- Illness related hyperglycaemia (e.g. sepsis), missed/incorrect dose of oral hypoglycaemic agents or insulin, steroid therapy, NG feeds
- T2DM (any patient on SGLT2 inhibitors (Empagliflozin, canagliflozin,dapagliflozin) STOP SGLT-2 inhibitors if prescribed these can be re-started on discharge once patient is clinically well.
- Doctor to review patient and advise treatment according to below.



INSULIN DOSE GUIDANCE FOR PATIENTS WITH DIABETES WHO ARE CLINICALLY WELL AND CBG>18mmol/L

- **Standard CBG target** for inpatients with diabetes **6-12mmol/L (4-12mmol/L acceptable)**
- **Conservative CBG target:** Frail older patients moderate/severe frailty and end of life **8.0-15mmol/L**
- **Guidance for STAT insulin doses** given in table below right.
For patients with conservative target range please consider reducing STAT insulin dose (lower end of recommended dose) to avoid hypoglycaemia

Note: As a guide, 1 unit of Novorapid will reduce CBG by 3mmol/L
Caution: Some patients with Type 1 diabetes are very sensitive to insulin-particularly if slim, newly diagnosed, or on a very small amounts of regular insulin. Review STAT dose in context of their usual insulin dose. Renal impairment prolongs insulin elimination-use reduced doses.

CBG (mmol/L)	STAT insulin dose (Units)
18.1-25	2-3
≥ 25.1	3-6

Think
 Dose the patient need STAT insulin dose? Consider on an individual patient basis.
If NO: Doctor to document
If YES: Doctor to prescribe **ONCE ONLY** dose of Novorapid 2-6 units SC repeated a maximum of 4hrly

On an 'as required' basis of ICM/V6 chart
 Review ONCE only doses daily as insulin doses can increase risk of hypoglycaemia.

• **Note to Nursing staff**
 Please repeat BG testing 2-4 hrs **AFTER DOSE**

If NO doses Required in 48hr period

- **Stop as required Novorapid Insulin**

If <2 doses given in 48hr period: CONTINUE STAT insulin dosing and

- Review daily
- Refer to Diabetes Team via extra med (Derby) or V6 (Burton) if any concerns

If >2 doses given daily in 48hr period:
 Doctor to review insulin +/- other diabetes medication. Increase doses of insulin by 10-20% and review patterns
 Allow **DAFNE/BERTIE trained patients to adjust if well enough**
 Refer to Diabetes Team via extramed (Derby) or V6 (burton) if any concerns

In ALL patients look for cause of Hyperglycaemia: Consider illness, missed/incorrect hypoglycaemic agents for eg less insulin/consider recent steroid therapy. Refer to diabetes team for all patients confirmed with DKA/HHS contact SPR and DNX Via Extramed (Derby) V6 (Burton)