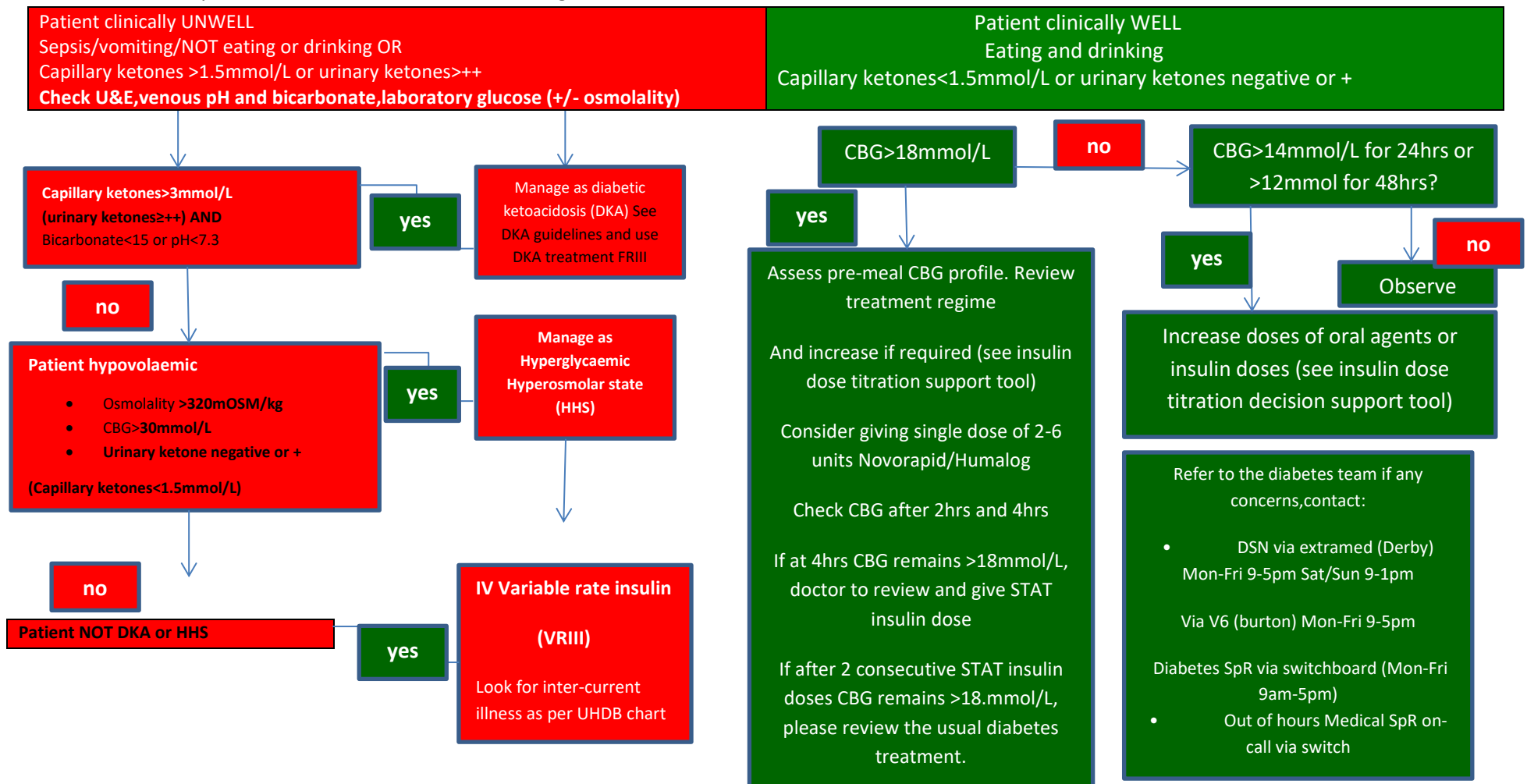


**PLEASE NOTE THAT THIS GUIDELINE SUPERCEDES THE 'ADULT DIABETES CHART'.  
PLEASE REFER TO THIS GUIDELINE WHEN MANAGING HYPERGLYCAEMIA**

## 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)