


DEXAMETHASONE THERAPY IN COVID-19 PATIENTS: IMPLICATIONS AND GUIDANCE FOR THE MANAGEMENT OF BLOOD GLUCOSE IN PEOPLE WITH AND WITHOUT DIABETES - Adults

University Hospitals of Leicester 

Trust Reference B34/2020

1. Introduction

This guideline is for all healthcare professionals looking after adult patients with Covid-19 who are treated with dexamethasone – this includes patients with and without diabetes. This is national guidance written by the National Inpatient Diabetes Covid-19 Response Group. The document will be regularly reviewed and updated and so should be accessed via the link provided to ensure using most upto date version.

<https://abcd.care/coronavirus>

2. Guideline Standards and Procedures

This guideline sets out the management of adult patients with COVID-19 infection who are treated in hospital with dexamethasone.

This guidance does not replace current UHL guidance for inpatients with diabetes treated with steroids. This guidance is primarily for use as a supplement alongside our current guidance documents and specifically for the group of patients described.

If staff are unsure regarding the management of such patients despite referral to the guidance then they should seek advice from the specialist diabetes team or a senior colleague.

The Diabetes specialist nurse team can be contacted via ICE (electronic referral) or via switchboard (mobile phone) and this is a 7 day service 9-5pm at LRI and Mon-Fri 9-5pm at LGH and GGH. Diabetes SpR on-call via switch board Mon-Fri 9-5pm. Out of hours medical advice should be via the medical SpR on-call via switchboard.

3. Education and Training

All clinical staff working in any location within UHL would be expected to seek support from a senior peer or member of the diabetes team if they if they were presented with a patient with diabetes and covid-19 and they did not feel adequately trained to manage the situation.

All medical and nursing staff are required to complete essential to role Insulin Safety training. This training can be accessed via HELM and is renewable on a yearly basis.

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Implementation of this guidance in appropriate areas	Case note reviews, datix incident reporting	Dr Kath Higgins,	Continuous	Report to the Diabetes Inpatient Safety Committee – meeting frequency monthly.

5. Supporting References

<https://abcd.care/coronavirus>

6. Key Words

Covid-19, Dexamethasone, Diabetes, Glucose

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Dr Kath Higgins (Clinical Lead for Inpatient Diabetes Care)	Executive Lead Mr Andrew Furlong
Details of Changes made during review: N/A	