Hyperglycaemia in Adult Inpatients with Diabetes – including Decision Support Tool UHL Guideline

1. Introduction and Who Guideline applies to

1.1 This guideline details the management of hyperglycaemia (capillary blood glucose >12mmol/l) in adult inpatients admitted to ward-based clinical areas in UHL. The guidance is applicable for both medical and nursing staff working in these areas.

2. Guideline Standards and Procedures

- 2.1 This guideline sets out in a flowchart (see appendix 1) an approach to managing hyperglycaemia for all adult inpatients admitted to adult inpatient wards in UHL.
- 2.2 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.
- 2.3 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 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

Element to be monitored	Lead	ΤοοΙ	Frequency	Reporting arrangements
Implementation of this guidance in appropriate areas.	Dr S Setty Kat Ryan Helen Atkins	Case note reviews, datix incident reporting, Inpatient diabetes dashboard	Continuous	Report to the Diabetes Inpatient Safety Committee monthly.

5. Supporting References

None required.

6. Key Words

Hyperglycaemia, Diabetes, Adult inpatients

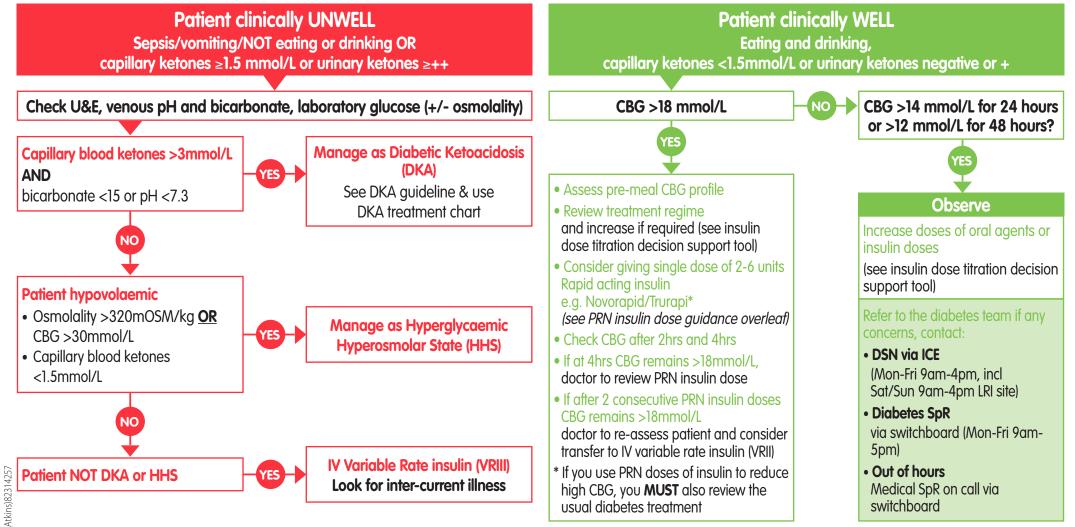
CONTACT AND REVIEW DETAILS						
Executive Lead: Andrew Furlong, Medical						
Director						

ADULT INPATIENT

DIABETES DECISION SUPPORT TOOL

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

- Pre-meal blood glucose (CBG) >12 mmol/L review patient and CBG readings. Check CBG pre-meal and bedtime as minimum
- Check for ketones (blood capillary ketone test) 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 consider inter-current illness, sepsis, missed/incorrect dose of oral hypoglycaemic agents or insulin/steroids/NG feeds
- Doctor to review patient and advise treatment according to below:



ADULT INPATIENT

(Atkins)82314257

DIABETES DECISION SUPPORT TOOL

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

• Conserv	vative CBG target: F m nce for PRN insulin doses G F	or inpatients with diabetes 6-10 mmol/l (4-12mmol/l acc rail older patients 6-10mmol/l, noderate/severe frailty and end of life 6 -15mmol/l. iven in table (below right). or patients with conservative target range consider reduc nsulin dose to avoid hypoglycaemia.	•			
Note: As a guide, 1 unit of rapid acting insulin will reduce CBGs by 3mmol/L				CBG (mmol/L)	PRN insulin dose (units)	
Caution: Some patients with type 1 diabetes, particularly if slim, newly diagnosed or on very small amounts of regular insulin, are very sensitive to insulin.			18.1-25	4		
		context of their usual insulin dose, use PRN insulin doses with			6	
If YES:	the 'as required' section on N (in elderly or frail patients avo	se of Novorapid®/Trurapi® 2-6 units subcut max frequency 4 hr Nerve Centre <i>bid PRN doses at bedtime (increased risk of hypoglycaemia)</i> RN insulin doses can increase risk of hypoglycaemia.	number of units administered and repeat CBG at 2 and 4 hrs after PRN insulin dose.			
	I doses required in 48hr perio RN rapid acting Insulin	d: If <2 PRN doses given in 48hr period: • CONTINUE PRN insulin and		doses given daily in 4 or to review insulin +,	8 hr period: /- other diabetes medication	
		 Review daily Refer to diabetes team via ICE if any concerns. 	Refer to diabetes team via ICE if any concerns. (see if		crease doses of insulin <i>e insulin titration decision support tool)</i> fer to diabetes team via ICE	

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