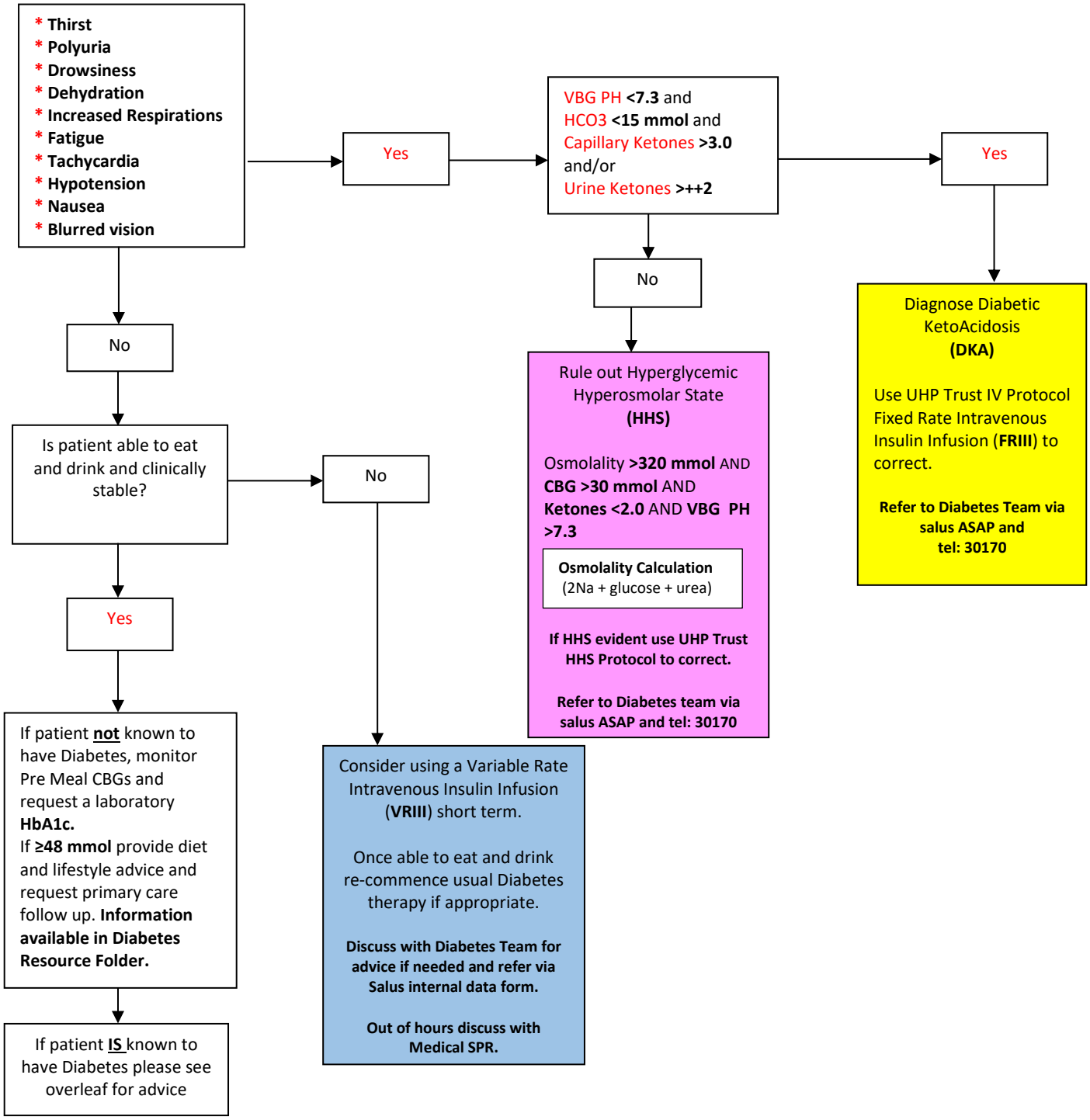
University Hospitals Plymouth NHS Trust

Management of Hyperglycaemia for adults in hospital age 18-75

Hyperglycaemia is classified as persistent blood glucose levels > 12 mmol

For Type1 Diabetes we suggest Hyperglycemia being **two** consecutive capillary blood glucose levels (CBG) readings >12 mmol.
For Type 2 Diabetes use capillary blood glucose levels (CBG) **>12 mmol** over a **24 hour period.**

Assess the patient using the following flow chart;



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Hyperglycaemia is often a Marker of a problem and is **NOT** the problem

Causes of hyperglycaemia to be considered may be:

1. Intercurrent illness/Sepsis
2. ACS/acute MI
3. Uncontrolled Diabetes (persistent HbA1c > 58 mmol **OR** >70 mmol in the frail)
4. Increased diet in hospital / Supplements
5. Pain
6. Poor adherence with medication
7. Overused injection sites (Lipohypertrophy)
8. Medication such as steroids (**See steroids and diabetes guideline**)
9. Reduced mobility
10. Enteral feed or TPN (**See Enteral feed guidelines or TPN guidelines**)
11. Missed or late doses of Diabetes medication
12. The CBG reading has been taken post meal and not pre meal

If the patient takes Insulin to manage their Diabetes, consider increasing the total daily dose up by **10% to 20%** each **24-48** hours in hospital to aim for target **CBGs 6-12** mmol across the day.

If the patient takes OHA therapy to manage their Diabetes consider if increased titration is appropriate, refer to **NICE guidelines**, **local formulary** or the **BNF** for guidance. If therapy is already maximised discuss with Diabetes team or refer via salus for a diabetes review.

Avoid single doses of quick acting sub cutaneous Insulin in the **absence** of capillary ketones, unless advised by Spr medicine or diabetes team as this may lead to Hypoglyceamia and/or a prolonged stay in hospital.

Provide education about healthy lifestyle and healthy diet in line with Diabetes UK, signpost patient to **DUK website** and utilise the **Diabetes resource folder** for supportive leaflets to give to the patient.

For further advice Dr to Dr referral to Diabetes Consultant on **81444** or refer via **Salus Internal Data Form**.

Points To Consider

- Aim for target CBG range of 6 – 12 mmol unless in frailty and last days of life (**see end of life and Diabetes guidelines on trust net or diabetes resource folder**
- Ipswich Touch Test to assess if loss of sensation in feet and consider if a Podiatry referral is required to **Stacey Buckley** on bleep 81126
- Individualised HbA1c and CBG targets may be required in certain individuals (frailty)
- For patients who use Continuous Subcutaneous Insulin Infusions (CSII) action needs to be taken promptly to treat Hyperglyceamia (**see guidelines on CSII for patients in hospital on Trust Net**).
- **Early** referral to the Diabetes Team ensures a timely safe discharge.

Trust Guidelines	

Guidance Title: Management of Hyperglycaemia for adults in hospital age 18-75yrs

Date	Version
June 2021	**2.0**

Accountabilities	
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Links to other documents

VRIII Protocol 2018
HHS Form
FRIII DKA

Version History

1.0	February 2019	Guideline created
2.0	June 2021	Guideline reviewed & updated

Last Approval	Due for Review
June 2021	June 2023