Guideline for management of hyperglycaemia

For staff use only

Is Capillary Blood Glucose (CBG) >12mmol/L?

NO

Monitor CBG

YES

Are urinary ketones >+++ (or capillary ketone levels >3mmol/L)

NO

IS PATIENT PREOPERATIVE OR POSTOPERATIVE?

PREOPERATIVE

TYPE I DIABETES

GIVE SUBCUTANEOUS RAPID ACTING INSULIN ANALOGUE e.g. Novorapid
Assume 1 unit will drop blood glucose by 3mmol/L (where possible take advice from patient about amount of insulin normally required to correct a high CBG)
RECHECK BLOOD GLUCOSE 1 HOUR LATER TO ENSURE IT IS FALLING.
If remains high use clinical judgement to assess need for sliding scale/ delaying surgery

TYPE II DIABETES

GIVE SUBCUTANEOUS RAPID ACTING ANALOGUE INSULIN i.e. Novorapid / Humalog
Assume 1 unit will drop blood glucose by 3mmol/L (where possible take advice from patient about amount of insulin normally required to correct a high CBG)
RECHECK CBG 1 HOUR LATER.

POSTOPERATIVE

TYPE I DIABETES

GIVE SUBCUTANEOUS RAPID ACTING ANALOGUE INSULIN i.e. Novorapid / Humalog
Assume 1 unit will drop blood glucose by 3mmol/L (where possible take advice from patient about amount of insulin normally required to correct a high CBG)
RECHECK BLOOD GLUCOSE 1 HOUR LATER TO ENSURE IT IS FALLING.
If remains high use clinical judgement to assess need for sliding scale/ delaying surgery

TYPE II DIABETES

GIVE 0.1 UNITS/KG OF SUBCUTANEOUS RAPID ACTING ANALOGUE INSULIN i.e. Novorapid / Humalog
CHECK CBG hourly

IS IT FALLING?

NO

RECHECK SUBCUTANEOUS INSULIN DOSE AFETR 2 HOURS IF CBG STILL > 12mmol/L (insulin dose should take into account the response to the initial dose- consider increasing the dose if response inadequate)

YES

MONITOR CBG

CBG < 12mmol/l

YES

CONSIDER INTRODUCING SLIDING SCALE

These guidelines are for the management of well controlled patients (HbA1C < 6.9mmol/L or 8.5%)

Patients who are not well controlled but in whom surgery cannot be postponed should have a sliding scale

Monitor capillary blood glucose on admission and hourly during surgery

Aim for blood glucose level 6-10mmol/L (4-12mmol/L is acceptable)

If capillary blood glucose is > 20mmol/l this should be confirmed with a formal lab glucose.