Hyperglycaemia in Adults on Steroid therapy (for Inpatients)

NHS University Hospitals Plymouth NHS Trust

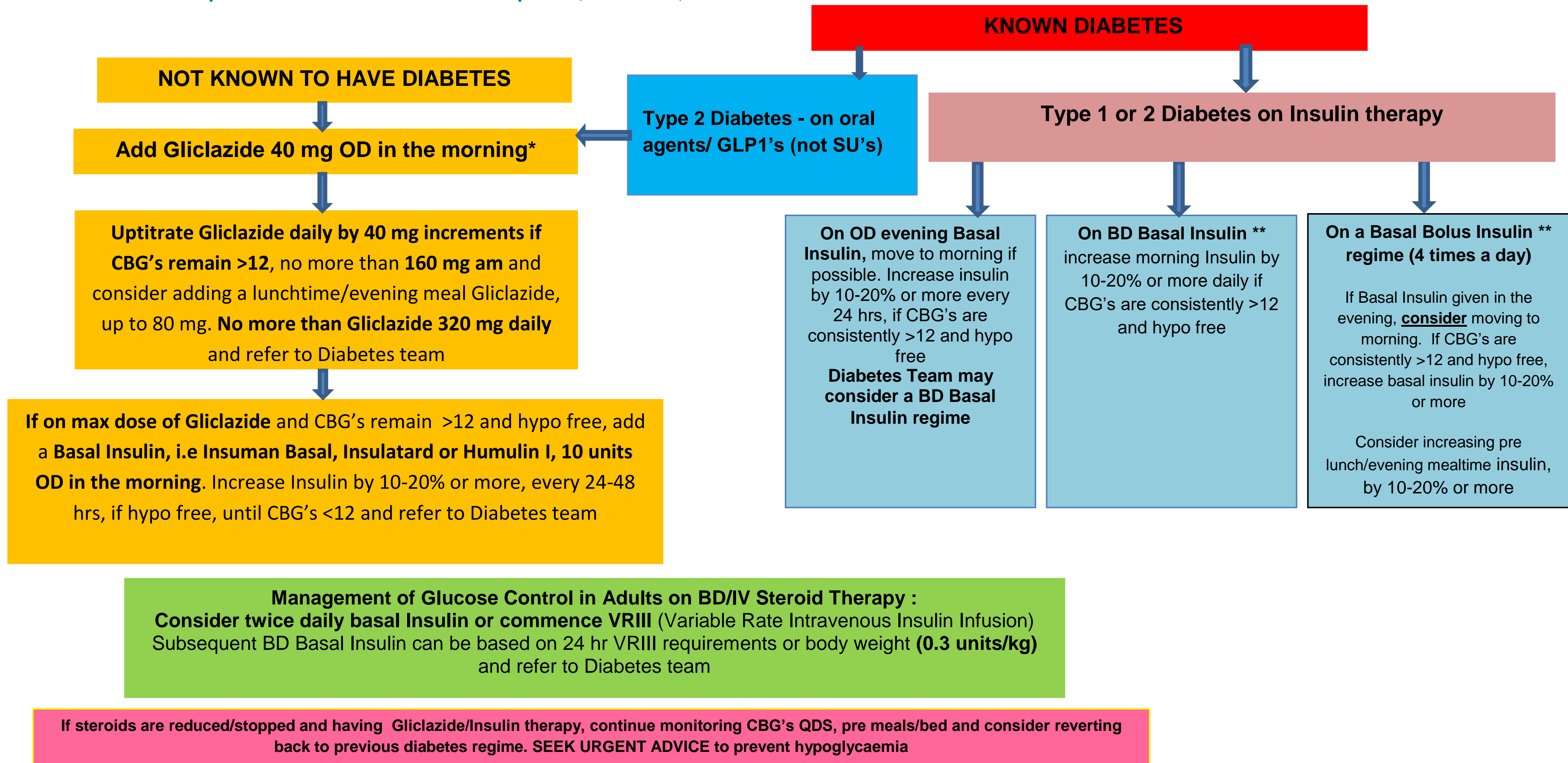
In patients with known Diabetes, check HbA1c and CBG's (Capillary blood glucose levels) QDS, pre meal and before bed

In patients not known to have Diabetes on Prednisolone ≥ 20 mg (or an equivalent steroid dose) - Check HbA1c and CBG's BD – twice a day

Profile of blood glucose levels with once daily steroids, usually peak in the afternoon/evenings and decreases overnight

Commence guidelines below if CBG's are consistently >12 mmol/L, on two consecutive occasions within 24 hrs

Refer to the Diabetes Specialist Team for advice on bleep 0989, tel. 30170, or Salus



* Gliclazide is not always suitable with Hepatic disorders as could cause prolonged hypoglycaemia

**Basal Insulin, for example, Levemir, Abasaglar, Lantus, Toujeo , Tresiba , Insulatard, Humulin I and Insuman Basal/
Bolus Insulin, for example, Novorapid, Humalog, Apidra and Actrapid

Trust Guidelines	

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Date	Version
Sep 2019	**1.1**

Accountabilities	
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Links to other documents

Version History		
1	Oct 2018	Guideline created
1.1	Sep 2019	Reviewed - unchanged

Last Approval	Due for Review
Sep 2019	Sep 2022