Hyperglycaemia in Adults on Steroid therapy (for Inpatients)

University Hospitals Plymouth

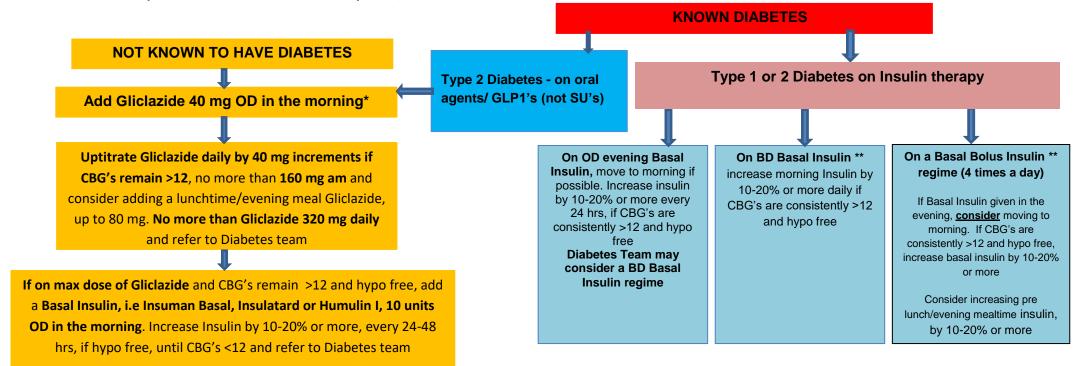
In patients with known Diabetes, check HbA1c and CBG's (Capillary blood glucose levels) QDS, pre meal and before bed

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



Management of Glucose Control in Adults on BD/IV Steroid Therapy:

Consider twice daily basal Insulin or commence VRIII (Variable Rate Intravenous Insulin Infusion)
Subsequent BD Basal Insulin can be based on 24 hr VRIII requirements or body weight (0.3 units/kg)
and refer to Diabetes team

If steroids are reduced/stopped and having Gliclazide/Insulin therapy, continue monitoring CBG's QDS, pre meals/bed and consider reverting back to previous diabetes regime. SEEK URGENT ADVICE to prevent hypoglycaemia

^{*} 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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Reviewed by (Group)	Service line MDT			
Approved by (Lead)	Elizabeth Moore (Service Line Clinical Director)			

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