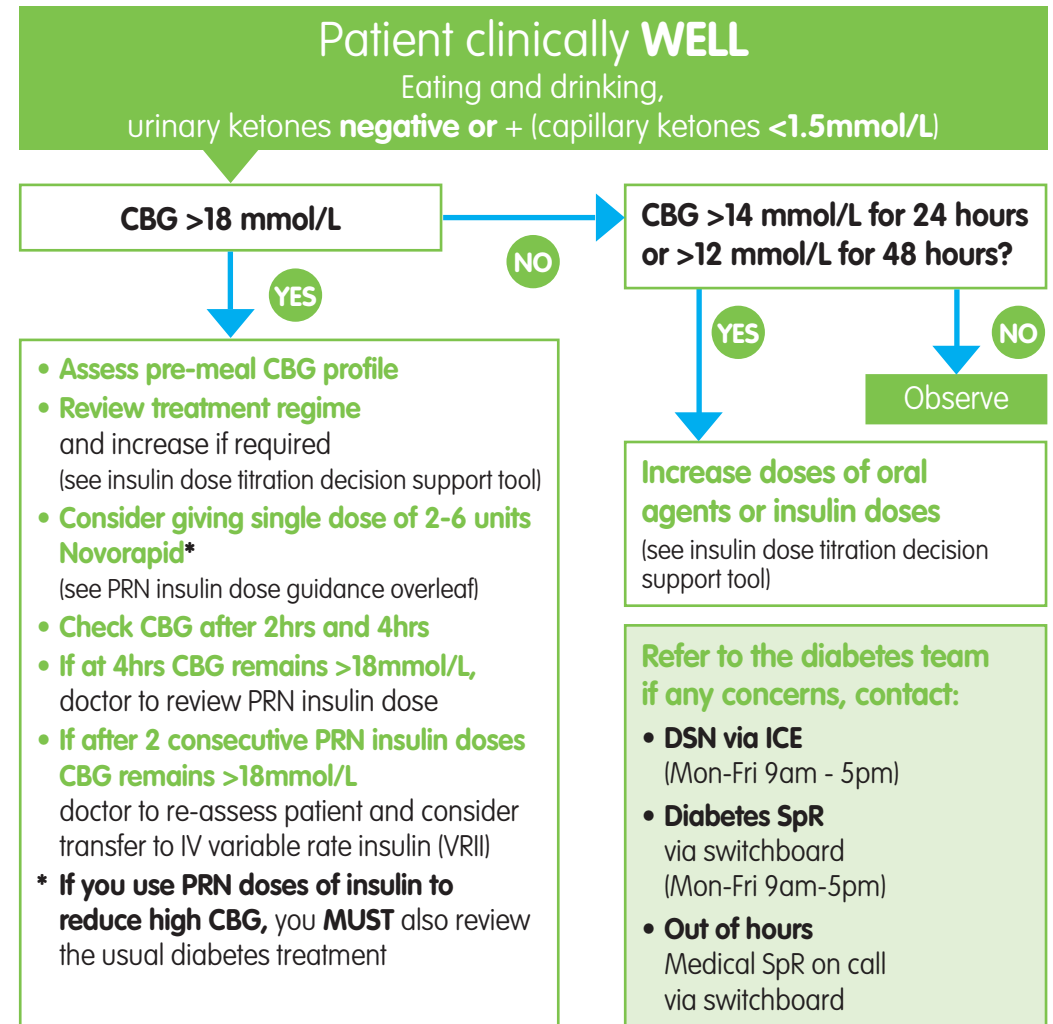
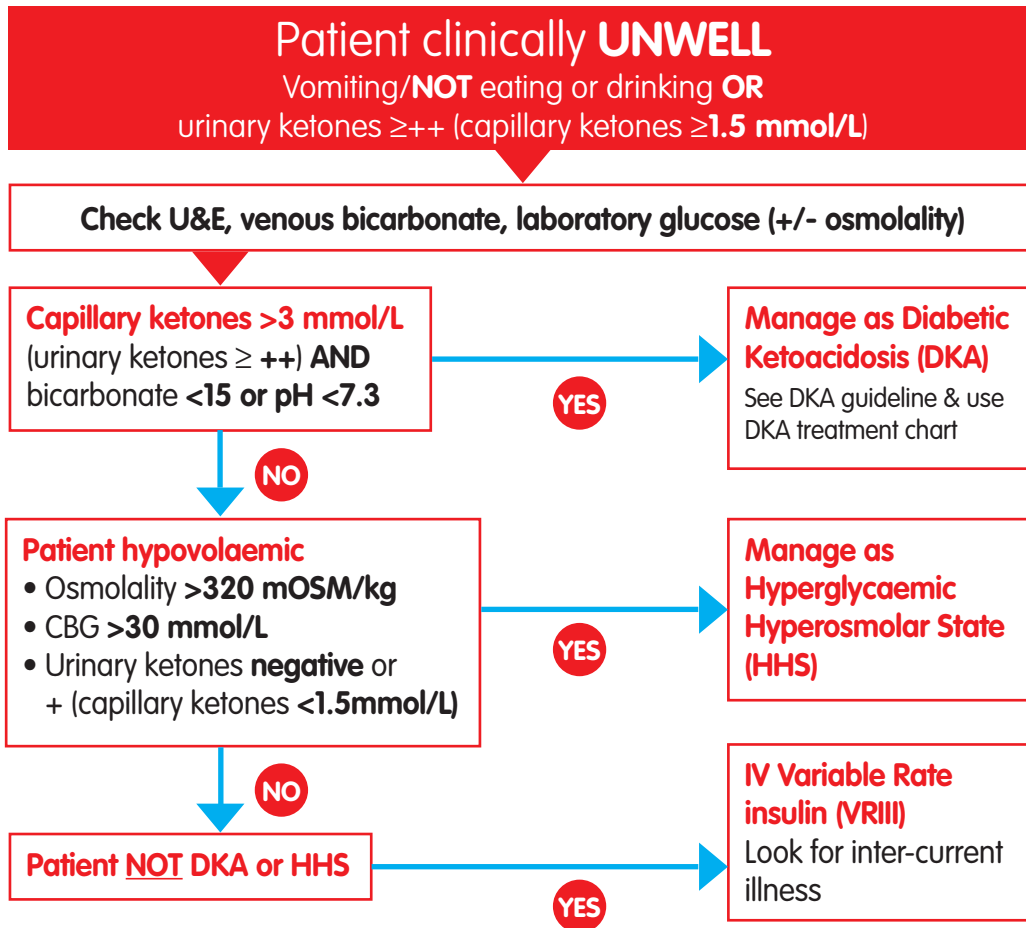


**Management of Hyperglycaemia - High Capillary Blood Glucose Levels (CBGs) in Patients With Diabetes**

- **Pre-meal blood glucose (CBG) >12 mmol/L** – review the patient, their CBG monitoring record and increase CBG monitoring
- **Look for the cause** – consider inter-current illness, missed/incorrect dose of oral hypoglycaemic agents or insulin/steroids/NG feeds
- **Check for ketones (capillary or urine)** – in unwell Type 1 DM patient or **if CBG >18mmol/L** or meter prompt
- **Doctor to review patient and advise treatment according to below:**



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

- **Standard CBG target** for inpatients with diabetes **4-12mmol/L**
- **Conservative CBG target** (for frail, elderly, end of life patients) **6-15mmol/L**
- **Guidance for PRN insulin doses** given in table (below right).  
For patients with conservative target range consider reducing PRN insulin dose.

**Note:** As a guide, 1 unit of Novorapid will reduce CBG by 3mmol/L

**Caution:** Some patients with type 1 diabetes, particularly if slim/newly diagnosed, are very sensitive to insulin. Review PRN insulin dose in context of their usual insulin dose, use PRN insulin doses with caution.

CBG (mmol/L)	PRN insulin dose (units)
18.1-25	4
>25.1	6

### THINK

Does this patient need a PRN insulin dose? Consider on an individual patient basis.

**If NO:** • Doctor to document

- If YES:** • Doctor to prescribe PRN dose of Novorapid 2-6 units subcut max frequency 4 hrly on the 'as required' section of the 'green chart' (Adult Insulin Prescribing and Glucose Monitoring Chart)
- Review PRN dose daily as PRN insulin doses can increase risk of hypoglycaemia.

#### \*Note to nursing staff

Annotate on the 'green chart' the **ACTUAL** number of units administered and repeat CBG at 2 and 4 hrs after PRN insulin dose.

**If NO PRN doses required in 48hr period:**

- **STOP** PRN Novorapid Insulin

**If <2 PRN doses given in 48hr period:**

- **CONTINUE** PRN insulin and
- Review daily
- Refer to diabetes team via ICE if any concerns.

**If PRN doses given daily in 48 hr period:**

- **Doctor to review insulin** +/- other diabetes medication
- Increase doses of insulin (see insulin titration decision support tool)
- Refer to diabetes team via ICE