

Situation:

- Significant knowledge and clinical experience has been gained from the first wave of the COVID-19 pandemic
- There is a greater understanding of the impact of COVID-19 infection and the consequences of its treatment on people with (or at risk of developing) diabetes
- We are writing to you with the following important recommendations for your Trust/Health Board

Background:

- A third of all COVID-19 related deaths in the first wave were in people with diabetes
- People with diabetes are 2-3 times more likely to die than those who did not have diabetes
- Poor glucose control prior to contracting COVID-19 increases the risk of dying as does high blood glucose levels whilst in hospital
- COVID-19 disease induces a unique pathophysiological change in glucose control, which makes the management of people with COVID-19 and diabetes more complex [a combination of both severe insulin resistance and insulin deficiency]
- COVID-19 disease can trigger new onset diabetes in previously healthy people and can result in life-threatening diabetic ketoacidosis (DKA) and/or Hyperosmolar Hyperglycaemic State (HHS)
- The routine use of glucocorticoids such as dexamethasone or hydrocortisone in COVID-19 presents further challenges as they frequently worsen glucose control and can precipitate hyperglycaemic emergencies even in previously healthy people

Assessment:

- In response to the above it is essential that diabetes services are not only maintained, and included in the Trust/Health Board COVID-19 tactical response, but also recognised as an essential component of acute hospital care
- Inpatient diabetes teams are essential to support others in the management of these complex patients
- Specialist diabetes outpatient and community services should also be maintained (especially foot and pregnancy services). These specialist services support integrated care and are vital in preventing admissions, facilitating early discharge and helping those in the community to optimise their diabetes management

Recommendations:

- It is paramount that the diabetes services within your Trust/Health Board are retained and incorporated into the COVID-19 tactical response
- Guidelines should be in place in every Trust/Health Board to support clinicians managing people with COVID-19 infection and diabetes (see UK National Inpatient Diabetes COVID-19 guidelines below*)
- Diabetes and management teams should refer to the two attached documents 'Maintaining Diabetes Teams' and 'The Diabetes Speciality Guide Template', which were developed in the first COVID-19 wave to support teams undergoing reorganisation

*The UK National Inpatient Diabetes COVID-19 response group guidelines endorsed by Diabetes UK and ABCD are regularly updated based on developing evidence and expert clinical consensus. They cover- "Front door" guidance, managing hyperglycaemia, dexamethasone and glucose management, managing DKA with s.c. insulin (if iv not available) and planning a safe discharge. These guidelines should be available to all frontline staff in your organisation who may wish to adopt or adapt them. Link to the guidelines : <https://abcd.care/coronavirus>.

SBAR for COVID-19 and DIABETES



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