

Reorder code: WMT260G
 Name: _____
 Hosp N.O: ADDRESOGRAPH
 D.O.B: _____
 Hospital: _____
 Ward: _____
 Consultant: _____
 Date: / / 20

Drug Management

Surgical diabetes drug management, for patients with good pre-operative control missing one meal

INSTRUCTIONS

- Diet controlled diabetes does not require additional management or monitoring
 - Record CBG hourly in all patients
 - Manage elective patients as per Pre-Assessment Clinic (PAC) Diabetes Plan on CWS
 - If no PAC plan on CWS follow 'Quick Reference Guide for Surgical Diabetes Management'
 - This chart is appropriate for patients with good diabetes control - HbA1c < 70
 - NOT generally appropriate for:
 - Systemically unwell patients - consider VRIII
 - Poorly controlled diabetes, HbA1c ≥ 70 - consider VRIII
- Continuous Subcutaneous Insulin Infusion (CSII) should be continued (stop bolus when NBM) see PAC plan

DIABETES DRUG MANAGEMENT FOR DAY OF SURGERY

If no PAC plan follow - Quick Reference Guide (card or poster)

INSULIN

Long Acting Insulin (not a complete list see BNF) :

Lantus
Toujeo
Glargine
Xultophy
Detemir
Humulin I
Insuman
Basal. Insulatard

80% of last dose should be given

Usual dose at usual time post-op

If omitted contact medical or diabetes team for advice

Short Acting or Pre-mixed Insulin

See pre-op plan – CWS, Notes and Patient

If no plan available - follow VRIII (see Quick Reference Guide Card or Poster)

NON-INSULIN

| TAKE AS NORMAL | | | |
|---|--|-------------------|---|
| **Metformin | DPP-IV Inhibitor | Glitazones | GLP-1 Analogues |
| Only if eGFR More than 60 ml/min/1.73m ² | Sitagliptin Vildagliptin Saxagliptin Alogliptin Vildagliptin | Pioglitazone | Exenatide Liraglutide Lixsenatide Dulaglutide Semaglutide |

| OMIT WHILE NBM | | | OMIT DAY OF SURGERY | |
|--|----------------------------|---|---------------------|--|
| **Metformin | Meglitinide | SGLT-2 Inhibitors | Acarbose | Sulphonylurea |
| If eGFR Less than 60 ml/min/1.73m ² | Repaglinide Nateglinide | Dapagliflozin Empagliflozin Canagliflozin | Acarbose | Glibenclamide Gliclazide Glipizide Glimepiride Tolbutamide |

**** METFORMIN:** If contrast medium is to be used AND / OR eGFR < 60 ml/min/1.73m², metformin should be omitted on the day of surgery. If contrast used then omit metformin for the following 48 hours and encourage oral fluid intake.

WARN THE PATIENT THEIR CBG MAY BE ERRATIC FOR SEVERAL DAYS FOLLOWING SURGERY

TREATING HYPOGLYCAEMIA = CBG < 4 mmol/l

NURSE LED TREATMENT CALL FOR HELP + CHECK A-B-C

- Is patient asymptomatic or suitable for oral glucose - 4 glucose tablets or 2 glucose gels
- Is patient symptomatic or NBM:
- IV access secured
- Give 20% Glucose 100 mls IV STAT
 - Check CBG every 15 mins
 - If CBG < 4 mmol/L repeat 20% Glucose IV up to 3 times (4 Boluses in total)
- OR... If NO time to secure IV access
- 1 mg Glucagon IM once + Secure IV access
 - Give 20% Glucose 100 mls IV STAT + Check CBG every 15 mins
 - If CBG < 4 mmol/L repeat 20% Glucose IV up to 3 times (4 Boluses in total)

If hypoglycaemia continues after 3 boluses of 20% glucose call medical or diabetes team

| 20% GLUCOSE | | | Date | Time | Sign | Date | Time | Sign | GLUCAGON | | | Date | Time | Sign |
|-------------------------------|----|-------|------|------|------|-------------------------------|------|------|----------|----|----------------|----------------|------|------|
| 100 ml | IV | BOLUS | | | | | | | 1 mg | IM | Once in 24 hrs | | | |
| AS PER TREATING HYPOGLYCAEMIA | | | | | | AS PER TREATING HYPOGLYCAEMIA | | | | | | Once in 24 hrs | | |
| Sign | | | Date | | | Sign | | | Date | | | | | |

DO NOT TREAT HYPERGLYCAEMIA FOR ONE HOUR AFTER TREATING A HYPOGLYCAEMIC EPISODE

TREATING HYPERGLYCAEMIA = CBG > 12 mmol/l

IF URGENT SURGERY CONTACT ANAESTHETIST AND COMMENCE VRIII

- Check Urinary or Blood Ketones
- If Urinary Ketones ≥ +++ or Blood Ketones ≥ 3mmol/L
 - Follow DKA management guidelines
 - URGENT Medical or Diabetes Team referral and CONTACT Anaesthetist assigned to patient
 - If Urinary Ketones ≤ ++ or Blood Ketones < 3mmol/L
 - Does the patient have TYPE 1 or TYPE 2 Diabetes ? (TICK and DELETE as appropriate below)

TICK AND DELETE TYPE 1 DIABETES TYPE 2 DIABETES

| Time (hrs) | Give a Fast Acting Insulin SC - Novorapid®: | Give a Fast Acting Insulin SC - Novorapid®: |
|------------|---|--|
| 0 | <ul style="list-style-type: none"> • To calculate dose assume 1 unit will drop CBG 3 mol/L, aim for CBG 9 mmol/L | <ul style="list-style-type: none"> • Give 0.1 units/Kg (max 10 units) patients with type 2 diabetes require more insulin than type 1 |
| 1 | <ul style="list-style-type: none"> • Repeat CBG after one hour | <ul style="list-style-type: none"> • Repeat CBG after one hour |
| 2 | <ul style="list-style-type: none"> • If CBG > 12mmol/L consider repeat dose, 2 hours after initial dose | <ul style="list-style-type: none"> • If CBG > 12mmol/L consider repeat dose 0.1 units/Kg (max 6 units), 2 hours after initial dose |
| 3 | <ul style="list-style-type: none"> • Repeat CBG after one hour • Start VRIII if CBG > 12mmol/L | <ul style="list-style-type: none"> • Repeat CBG after one hour • Start VRIII if CBG > 12mmol/L |

IF HYPERGLYCAEMIA CONTINUES, CALL MEDICAL OR DIABETES TEAM AND REPEAT KETONES

IF PATIENT IS CONVERTED TO A VRIII PLEASE COMPLETE DETAILS BELOW

Reason for conversion to VRIII:

Time: : Date: / / 20 Name: Sign:

ENSURE A PLAN IS KNOWN BY PATIENT AND STAFF FOR WHEN RETURN TO USUAL DIABETES REGIMEN AND A MEAL IS DUE

Drug Management



ABUHB PERI-OPERATIVE DIABETES



Drug Management

| Date | / /20 | Time hh:mm | If NBM > 6 hrs, Urgent Review of NBM so as to return to usual diabetes regimen, if to remain NBM consider VR88 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Capillary Blood Glucose Level mmol/L CHECK CBG LEVELS HOURLY | | | >24.1 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 22 - 24 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 19 - 21.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 17 - 18.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 16 - 16.9 | IF CAPILLARY BLOOD GLUCOSE > 12 MMOL/L FOLLOW THE HYPERGLYCAEMIA GUIDELINES | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 15 - 15.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 14 - 14.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 13 - 13.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 12 - 12.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 11 - 11.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 10.1 - 10.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 9 - 10 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 8 - 8.9 | TICK BOX TO SHOW CBG LEVEL | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 7 - 7.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 6 - 6.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 5 - 5.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 4.1 - 4.9 | IF NBM AND SYMPTOMATIC OF HYPOGLYCAEMIA CONSIDER 50 MLS OF 20% GLUCOSE IV STAT | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 3 - 4.0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 2 - 2.9 | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - 1.9 | IF CAPILLARY BLOOD GLUCOSE < 4.0 MMOL/L FOLLOW THE HYPOGLYCAEMIA GUIDELINES | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 - 0.9 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ketones (Urine + or Blood mmol/L) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nurse's Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ENSURE A PLAN IS KNOWN BY PATIENT AND STAFF FOR WHEN RETURN TO USUAL DIABETES REGIMEN AND A MEAL IS DUE



PROTECT HEELS FROM PRESSURE IN AT RISK FEET

