

Patient ID Label

ESCALATION OF HYPERGLYCAEMIA

FOR ALL PATIENTS OVER 18 YEARS OLD AND
BLOOD GLUCOSE ABOVE 16 MMOLS/L



**Worcestershire
Acute Hospitals**
NHS Trust

Initial blood glucose _____ mmols/L Date _____ Time _____ Signature _____

Are any of the 2 following criteria present?

Nausea/ Vomiting		Patient not eating or drinking	
NEWS >5		Acute abdomen pain/discomfort	
Respiratory rate > 20/ min		Urine output <0.5mls/KG/Hour	
GCS <15		CBG >20mmols/l	
Excessive thirst			

Consider Ketone test regardless of above if patient is known to have Type 1 Diabetes

No

Monitor CBG levels minimum of QDS/3am. Consider escalation for review of medication if CBG levels remain consistently elevated >11mols/l
Escalated to _____ on _____

Form Complete

Refer to Diabetes Team
Available 8:30-16:30 Monday to Friday.
Worcester
Bleep 315 Ext 33846

Redditch
Bleep 1030 Ext45782

Form Complete

Yes

Check Ketone Level within 30 minutes.
(Blood ketone meter are available on wards listed on the diabetes page of the intranet)

Ketone level _____ Time _____

Initial Nursing management

Initial Nursing management		
Blood Glucose <25mmols/l And Blood Ketones : 0.0-1.4 mmols/l OR Urine Ketones: + <input type="checkbox"/>	LOW RISK of DKA Escalate to medical team for assessment within 1 hour Time of referral _____ Commence fluid balance Ensure patient has had usual insulin/ diabetes medications Recheck BG and ketones 2 hourly	
	Blood Glucose >25mmols/l OR Blood Glucose <25mmols/l Blood Ketones: 1.5mmols/l- 2.9mmols/l Urine Ketones: ++ <input type="checkbox"/>	MEDIUM RISK of DKA Escalate to medical team for assessment immediately Time of referral _____ Commence fluid balance Ensure patient has had usual insulin/ diabetes medications. Consider stat dose of Novorapid if prescribed Recheck CBG and ketones hourly
	Blood Ketones: >3.0mmols/l Urine Ketones: +++ <input type="checkbox"/>	HIGH RISK of DKA Escalate to medical team for assessment immediately Time of referral _____ Ensure IV access : If SBP <90mmhg consider stat IV fluid Commence Fluid Balance Ensure patient has had usual insulin, Consider stat dose of Novorapid if prescribed



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MEDICAL ADVICE FOR TREATMENT OF HYPERGLYCAEMIA

<p>Blood Glucose <25mmols/l And Blood Ketones : 0.0-1.4mmols/l OR Urine Ketones: +</p>	<p>Review Hydration status and encourage fluids</p> <p>Consider stat dose of Novorapid 4 units if blood glucose is >20 mmols/l (max 4hourly)</p> <p>Ensure patient has had usual regime and consider titrating patients usual insulin/medications</p> <p>Consider need for CVRIII (WHAT-END-011)if patient is: Acute ACS Acute stroke NBM Single/multi organ failure</p> <p>Recheck CBG and Ketone level in 2 hours and follow pathway as appropriate</p>
<p>Blood Glucose >25mmols/l OR Blood Glucose <25mmols/l Blood Ketones: 1.5mmols/l- 2.9mmols/l Urine Ketones: ++</p>	<p>Check Serum Osmolality= (2xNa + Glucose + Urea) If >320 patient may be in Hyperglycaemic Hyperosmolar state (HHS) WAHT-END-008</p> <p>If patient is not in HHS: Assess Hydration status and consider IV fluids</p> <p>Prescribe and administer stat dose of 6 units of Novorapid insulin Continue regular insulin or diabetes tablets</p> <p>Recheck Blood Glucose and ketones in 2 hours: if urine ketones negative/trace or blood ketones <1.4mmols/l go to yellow pathway</p> <p>If urine ketones remain ++ or 1.5-2.9mmols: Consider blood gas Consider further stat dose of Novorapid (4-6hrly) Consider need for CVRIII (WHAT-END-011)</p> <p>If urine ketones +++ or blood ketones >3mmols/l go to red pathway Recheck Ketones every 2 hours until blood ketones are below 1.5mmols/l and urine ketones are negative/ trace</p>
<p>Blood Ketones: >3.0mmols/l Urine Ketones: +++ <input type="checkbox"/></p>	<p>Patient high risk of DKA Urgent ABG to rule out DKA Consider need for hydration/ IV fluids</p> <p>If DKA: follow guideline (WHAT-END-001)</p> <p>If DKA excluded: commence CVRIII (WHAT-END-011)</p>