



Emergency Diabetic Chart

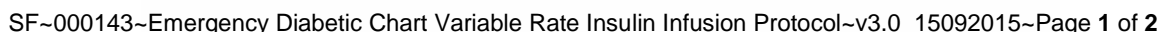
☐ If patient is usually on basal subcut insulin (see page 2), please prescribe basal subcut insulin on routine diabetic chart to be given with VRII.

☐ If patient admitted with DKA, please refer to separate hospital DKA protocol.

* Delete as appropriate - 0 unit/hr for type 2 diabetics. For coming off VR11, please see instructions overleaf

- ☐ The usual total daily subcut insulin dose requirement is $\geq 100 \text{ units/day}$ – **start with scale B**
- ☐ The usual total daily subcut insulin dose requirement is $\leq 30 \text{ units/day}$ – **start with scale D**
- ☐ DKA – **Fixed rate insulin** (see DKA protocol)

- If blood glucose >9.0mmol/L for 3 consecutive hours **and** is either rising, **or** has fallen by less than 25% in the last hour, **call doctor** to prescribe STEP UP to the next scale. If scale C appears to be inadequate please contact doctor to write up **custom scale in E**.
- If blood glucose \leq 4.0mmol/L, treat as hypoglycaemia. Suspend insulin VR11, retest BG at 15mins intervals. Restart VR11 when BG \geq 7.0mmol. **Call doctor** to prescribe STEP DOWN to the next scale. Ensure iv fluid is 5% Glucose (10% Glucose if DKA protocol). If hypo on scale D contact doctor to review if VR11 still necessary or write up custom scale in E.





Example

Coming Off the VRII: Once patient is eating and drinking normally and has $\leq 1+$ urine ketones, VRII may be stopped after restarting on the usual diabetes treatment. Doctor to initial instructions and prescribe appropriate tablets/insulin on standard prescription/routine diabetes chart.

☐ **Patient in Surgical Diabetes Management Pathways A or B**

Follow instructions in Pathways.

☐ **Patient admitted with Diabetic Ketoacidosis (DKA)**

Please refer to the hospital DKA protocol.

☐ **Patient usually on basal insulin at evening meal/bedtime** (eg. Lantus / glargine, Toujeo / glargine, Levemir / detemir, Insulatard / Humulin I/ Insuman Basal, Tresiba / degludec)

Always ensure the basal insulin is prescribed with the VRII. If patient no longer requires VRII, take down the VRII and IV 5% glucose 30 mins after s/c basal insulin given (usually at evening meal or bedtime). Prescribe usual short acting insulin dose for the following day.

☐ **Patient usually on twice daily biphasic premixed insulin** (eg. NovoMix 30, Humalog Mix 25, Humalog Mix 50, Humulin M3, Insuman Comb 15 / Comb 25 / Comb 50)

Restart usual dose insulin with next breakfast or dinner and take down VRII and iv 5% glucose 30 mins after s/c insulin dose is given.

☐ **Patient not usually on insulin (diet or tablet controlled)**

May need to be started on subcutaneous insulin especially if clinically unstable and insulin requirement on VRII is high. Contact Diabetes Specialist Nurse (bleep 174) or diabetes team for advice.

Monitoring after coming off VRII: Start usual blood glucose monitoring (pre-meal and bedtime) on routine diabetes chart. Refer to Diabetes Specialist Nurses (bleep 174) for further education and/or Diabetes Consultants for follow up as required.

