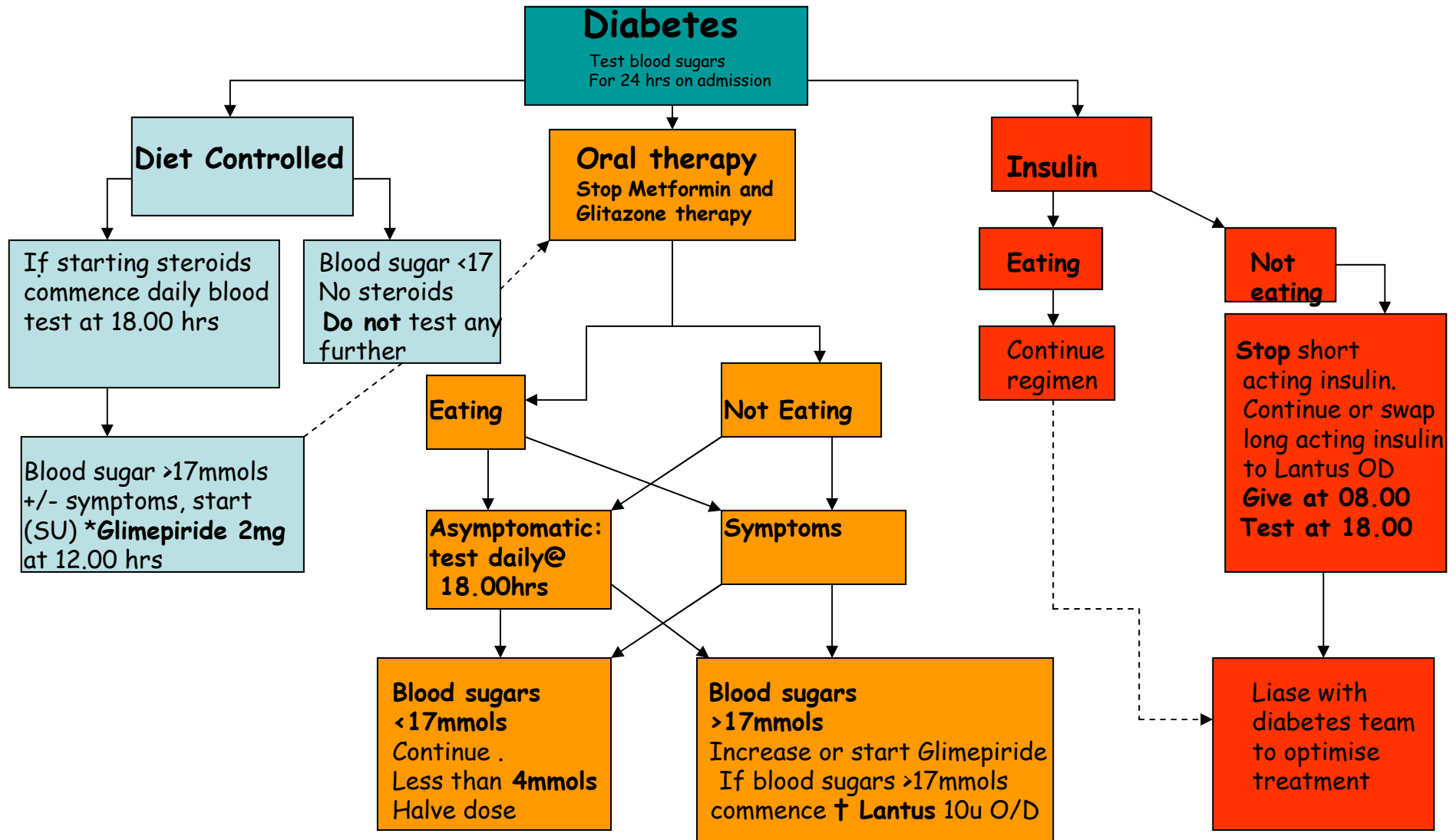


'Bournemouth Dying with Diabetes Protocol'

©Royal Bournemouth & Christchurch Hospitals Palliative Care Protocol for end of life management of diabetes



Test blood sugars
at 18.00 once a day

Start *Glimepiride at 2mg increase
every 48 hrs by 2mg to a max of 6mg
if blood glucose remains >17mmols

† Lantus start at 10u at 08.00hrs and
increase by 2u every 48 hrs if blood
sugar >17mmols

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Hyperglycaemia

Symptoms include:

- Dry mouth
- Polyuria
- Polydipsia
- Lethargy
- Recurrent infections
- Blurred vision

Hypoglycaemia

Symptoms include

- Sweating and pallor
- Confusion and disorientation
- Unconsciousness/Coma
- Hunger and trembling
- Drowsiness
- Blurred vision
- Headache

Review medication if,

- Symptomatic of hypo
- X2 values less than 4mmolsin
- In 48 hrs

Steroid use

Single Dose taken in the Morning-Add SU (eg) *Glimepiride 2 mg*
Increasing every 48hrs until max dose of 6mg

Blood sugars raised above 17mmols convert to Insulin.

Try a short acting Insulin such as Actrapid at 12.00 and 18.00 start dose 8units.

Test blood sugars at 18.00

Pitfalls of insulin use

- BD mixtures
(risk of hypos at lunchtime and overnight)
- QDS regimens
(Involve multiple tests and injections)
- Steroids
(Given AM cause late afternoon and evening hyperglycaemia)
(Given BD cause marked Hyperglycaemia)
- Avoid giving bolus or PRN insulin doses such as Actrapid.
(rarely achieves control and may cause hypoglycaemia)
- *Lantus rarely effective with steroids*
- Risk of fasting hypoglycaemia