

GUIDANCE ON THE MANAGEMENT OF HYPER & HYPO GLYCAEMIA PRE & POST-OPERATIVELY IN ADULT PATIENTS UNDERGOING ELECTIVE DAY SURGERY:

Measure Capillary Blood Glucose(CBG)
(on admission & hourly)
ALL PATIENTS ON INSULIN SHOULD BE CANNULATED

CBG>12mmol/L pre-operatively

CBG>12mmol/L post-operatively (and not prescribed variable rate IV insulin infusion, VRIII)

Check blood / urine ketones

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Blood Ketones ≥ 3 mmol/L / urinary ketones $\geq 3+$

Blood Ketones < 3 mmol/L / urinary ketones $< 3+$

Blood Ketones ≥ 3 mmol/L / urinary ketones $\geq 3+$

Blood Ketones < 3 mmol/L / urinary ketones $< 3+$

Discuss with anaesthetist.
Check blood bicarbonate/pH.
Commence DKA management if appropriate.
Contact diabetes/medical team urgently.

Inform anaesthetist. Give correction dose of subcutaneous rapid acting insulin.
Prescribe the insulin on eMEDs.

eg CBG(mmol/L)	Insulin Dose
12.1-13	1 unit
13.1-16	2 units
16.1-19	3 units
19.1- 22	4 units

Doses can be customised if felt necessary.

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Doses can be customised if felt necessary.
Ideally ask a patient with Type 1 diabetes how much they would usually inject to correct a high CBG.

Recheck CBG and blood ketones in 1 hour

CBG ≤ 12 mmol/L . Monitor CBG hourly. If > 12 mmol/L later while NBM consider VRIII. Liaise with anaesthetist.
(Ward admission may be required postoperatively if VRIII is needed. Liaise with anaesthetist)

CBG > 12 mmol/L & not falling.
Discuss with the anaesthetist if need for VRIII
(Ward admission may be required postoperatively if VRIII is needed. Liaise with anaesthetist)

Repeat correction dose after 2 hours. If CBG is still > 12 mmol/L take into account the response to the initial dose & consider increasing the dose if the response was inadequate

Recheck CBG in 1 hour
If CBG not falling consider introducing VRIII and ward admission

CBG < 4 mmol/L pre operatively (inform anaesthetist)

Initial management of hypoglycaemia while fasting (prescribe on Emeds):

If IV cannula in give 150ml IV glucose 10% over 15 minutes

If no cannula in give 1mg glucagon IM. Inform anaesthetist & cannulate. Repeat CBG after 15 minutes and if < 4 mmol/L then give 150 mL IV glucose 10% over 15 minutes. If the patient is losing consciousness while waiting for a cannula give oral glucose 40% gel (eg Glucogel) & inform anaesthetist, as surgery will likely need to be cancelled.

Refer to the full Hypoglycaemia guideline on the trust intranet if further information is required

CBG < 4mmol/L post operatively
Refer to the full Hypoglycaemia guideline on trust intranet

Postoperatively

If **day case:** Once CBGs are stable allow home providing the patient (or carer) can safely manage their diabetes, and the patient is clinically stable. Contact the diabetes team for advice if needed Provide routine information on advice after discharge, including increased frequency of CBG monitoring

