Clyde Emergency Medicine

Covid-19

Title	Dexamethasone and hyperglycaemia
Applies to	All RAH
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DEXAMETHASONE THERAPY IN COVID-19
GUIDANCE FOR MANAGEMENT OF HYPERGLYCAEMIA IN PATIENTS WITH AND WITHOUT DIABETES

NHS Greater Glasgow and Clyde

NO KNOWN DIABETES

All patients (no known diabetes), check daily 4pm CBG
If 4pm CBG **≥ 12**, start monitoring +/- treatment as below

DIABETES

MONITORING

URGENT TREATMENT?

TREATMENT

Monitor CBG **4 times per day** using 'insulin chart' and check HbA1c
Withhold **Metformin** and **SGLT2i** during acute illness
Target CBG: 6-12 mmol/L (4pm and fasting)
If CBG **> 12** mmol/L **exclude DKA**
If CBG > **18** mmol/L **start VRIII and *refer to Diabetes Team***
If CBG **12-18** mmol/L **start treatment pathway** below

NOT ON GLICLAZIDE OR INSULIN

Start 80mg **Gliclazide** (morning)*

ON GLICLAZIDE NOT ON INSULIN

Up-titrate **Gliclazide** daily until CBG target reached (max dose **240mg** in morning)*
If on twice-daily dosing, maximise morning dose (max dose **320mg** in total per day)*
If CBG still **>12** mmol/L, start **INSULIN** as below:

Start **10 units** of **Humulin I (morning)** *
Increase dose daily by **20-40%** until target CBG reached
Refer to Diabetes Team

ALREADY ON INSULIN

'Basal Only'

Ensure long acting Insulin given in **morning** and increase dose by **10-40%** until target CBG reached

'Basal Bolus'

Ensure long acting Insulin given in **morning** and increase dose by **10-40%** until target CBG reached

'BD mix'

Increase **morning** dose by **10-40%** until target CBG reached

** If eGFR <30, seek advice from Diabetes Team*

DISCHARGE PLANNING

- If patient to be discharged on insulin, involve DSN asap
- Give advice to patient on **proactive down-titration** of Gliclazide and/or Insulin
- Ensure appropriate follow-up in place

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