

Guidance for Managing Diabetes in Care Homes

Blood Glucose	Symptoms		Actions Required
Less than <4mmols/L	<p>Blood Glucose less than <4mmols/L - HYPOGLYCAEMIA May be caused by missed meal, increased activity, weight loss, illness Or to tightly controlled more vulnerable & prone to hypoglycaemia Symptoms may include:</p> <ul style="list-style-type: none"> • Pale colour • Sweating ++ • Confusion or more than normal confusion and aggression • Palpitations or racing heart rate 	→	<p>Assess HYPOGLYCAEMIA-If hypoglycaemia identified–</p> <ul style="list-style-type: none"> • If unconscious call ambulance immediately, maintain airway & place in recovery position • If conscious and able to swallow treat immediately with glucose gel, drink or glucose sweets • Treatment x1 tube of gluco gel, or 1pot(60mls) Gluco Juice or 100mls of lucozade or X4/5 gluco tabs • Monitor Blood Glucose after 5-10 mins no improvement repeat above • BG >4 and symptoms resolved eat next meal or carbohydrate snack • Continue with BG monitoring, current medication, diet & activity • Discuss Management Plan with GP or Diabetes Specialist Nurse and request a diabetes medication review
4-12 mmols/L	Blood glucose 4-12 mmols/L is acceptable but this needs to be individualised and may vary dependent upon frailty	→	<p>Acceptable range</p> <ul style="list-style-type: none"> • But with ongoing review of diabetes management plan with GP
13-15 mmols/L	<p>Blood glucose 13-15 mmols/L BEFORE meals over 3 consecutive days symptoms may include:</p> <ul style="list-style-type: none"> • Tired/sleeping more than normal • Thirst/dry mouth – oral or genital thrush • Increased urination/incontinence/bed wetting more than usual 	→	<p>Mild hyperglycaemia</p> <ul style="list-style-type: none"> • Contact GP if symptoms persist or GPOOH if outside surgery hours • Dipstick Urine (include Ketone testing if on insulin) • If need advice (Mon-Fri 9-5) contact DSN email advice line on ABB_PrimaryCareDiabetesNurseAdvice.ABB@wales.nhs.uk
More than >16 mmols/L	Blood glucose more than >16 mmols/L Plus some or all of Symptoms as above and elevated for more than 24 Hours	→	<p>Moderate hyperglycaemia (high Blood Glucose) Possible concurrent illness or steroid therapy</p> <ul style="list-style-type: none"> • Check BG 4 hourly • Contact for advice (GP or Primary Care DSN)
More than >22 mmols/L	<p>If blood glucose more than >22mmols/L and any of the above symptoms PLUS</p> <ul style="list-style-type: none"> • Medium → High urine Ketones ++ or +++ • Nausea/Vomiting • Deep Rapid Breathing • Disorientation/Drowsiness/Loss of consciousness 	→	<p>SEVERE HYPERGLYCAEMIA –increased risk of crisis (such as Diabetes Ketoacidosis / Hyper osmotic state)</p> <ul style="list-style-type: none"> • Urgent medical advice and hospital admission is needed call ambulance immediately! • Encourage sips of water and continue with insulin therapy if prescribed

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Reasons Why Glucose Levels May Become Unstable	Extra Snacking	Missed Meals	Illness (INFECTION)	Frailty	Steroid therapy	Vomiting / Nausea	Dehydration	Extra Activity	Alcohol
Potential Effect	Higher glucose	Lower glucose	Higher or lower glucose	Higher or lower glucose	Higher glucose	Lower glucose	Higher glucose	Lower glucose	Lower glucose

	Medication	Medication	Medication	Medication	Medication	Medication
Medications that LOWER blood glucose and CAN cause hypoglycaemia	Gliclazide, Glibenclamide, Glipizide, Glimepiride, Tolbutamide, Nateglinide, Repaglinide	Insulin - ALL	All patients who are prescribed the any listed are advised to have emergency hypo treatment available as recommended in main chart.			
Medications used for Diabetes that are NOT associated with hypoglycaemia	Metformin, Glucophage (SR)	(DPP4) Alogliptin, Linagliptin, Saxagliptin, Sitagliptin, Vildagliptin	(GLP1) Dulaglutide, Exenatide, Liraglutide, Lixisenatide	(SGLT2) Canagliflozin, Dapagliflozin, Empagliflozin,	Arcabose (Glucobay)	Pioglitazone
Medications that can cause hyperglycaemia (high)	Steroids – Prednisolone					
Medications/treatments that are a cause for concern	Beta-blockers: Acebutolol, Atenolol, Bisoprolol fumerate, Carvedilol, Propranolol, Labetalol (most commonly prescribed) REDUCE HYPOGLYCAEMIA AWARENESS/SYMPTOMS	Cytotoxic drugs that cause reduced appetite/vomiting/nausea	Radiation – cause nausea			