

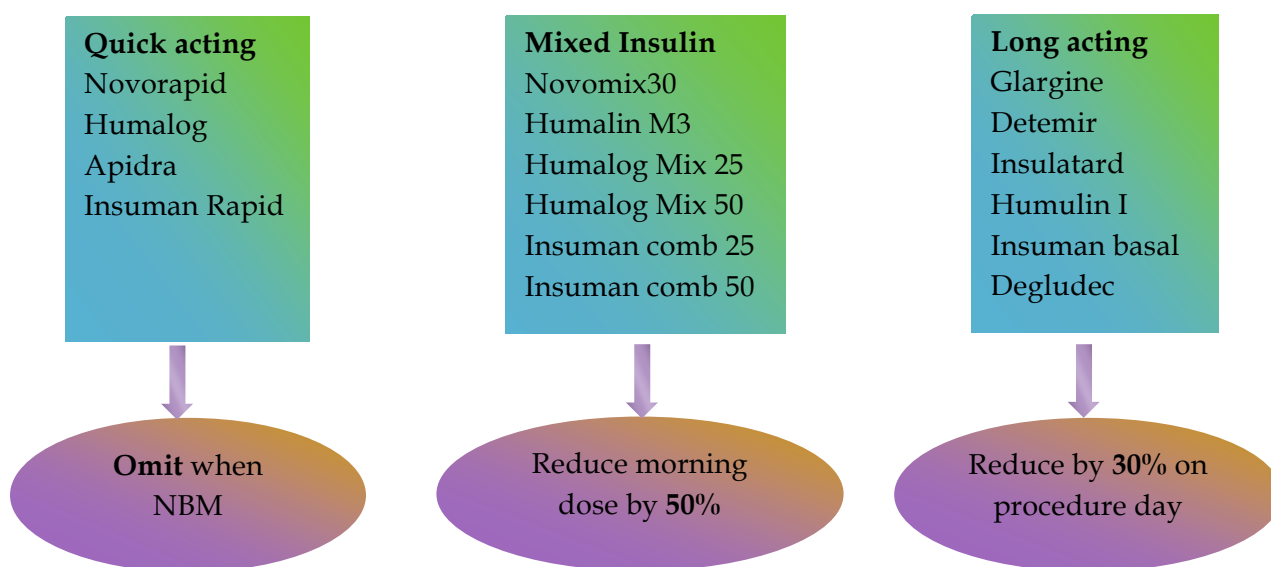
CONTROLLED DOCUMENT

Management of Diabetes in Renal Patients SOP

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Controlled Document Lead (Author):	Angela Murphy, Diabetes Renal Clinical Nurse Specialist
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Quick guide on the management of diabetes in renal patients undergoing minor procedures with short starvation period

- Patient with insulin treated diabetes, where possible, should be **first** on the procedure list
- If on oral hypoglycemics¹ or non-insulin injectables² **omit** on the day of the procedure
- If on insulin follow the flowchart below



- **Hourly** glucose monitoring whilst NBM
- For patients on insulin or oral hypoglycaemics, if blood glucose levels drop to **<6mmol/L**, start on **10% dextrose at 40mls/hr**
- If blood glucose **>12-14 mmol/L** on **2 occasions**, consider **variable rate intravenous insulin infusion (VRIII)** based on clinical judgement

Before starting VRIII, consider if SC insulin can be used instead?

- If the patient needs VRIII, **obtain senior input** regarding fluid management:
 - Recommended choice of fluids is **Dextrose Saline at 40mls/hr** if concerns of **fluid overload**
 - Avoid starting IV potassium supplementation if **K>3.5mmol/L**
 - Reassess fluid status and re-check electrolytes
- Consider a reduced VRIII rate (Scale 1) as these patients are at risk of hypoglycaemia (See full guidance: http://uhbhome/Microsites/Policies_Procedures/assets/VariableRateIvInsulin.pdf)

1. Metformin, Sulphonyurea (Gliclazide, Glipizide, Glibenclamide), Pioglitazone, DPP IV inhibitor (Sitagliptin, Vildagliptin, Saxagliptin, Linagliptin), SGLT2 inhibitors (Dapagliflozin, canagliflozin, Empagliflozin)
2. GLP-1 analogue (Exenatide, Liraglutide, Lixisenatide, Bydureon)