

Initial diabetes management for adult in-patients with diabetes requiring enteral or parenteral feeding

The aim of this pathway is to provide guidance for the management of diabetes and enteral feeding in the initial 24 - 48 hours only.

Type 1 diabetes and Type 2 diabetes requiring insulin

If patient on basal/ bolus regimen (Long acting plus rapid acting insulin)

Start variable rate intravenous insulin infusion; please continue basal insulin at 20% reduced dose and administer at the usual time

If patient on basal insulin regimen

Start variable rate intravenous insulin infusion; please continue basal insulin at 20% reduced dose and administer at the usual time

If patient on pre-mixed or intermediate insulin regimen

Start variable rate intravenous insulin infusion; stop subcutaneous insulin

Type 2 diabetes on Oral Hypoglycaemic Agents or Diet Controlled

Stop Oral Hypoglycaemic Agents

Monitor Capillary Blood Glucose levels 4 hourly

If glucose levels consistently above 14mmols (3 or more levels in a 12 hour period) start variable rate intravenous insulin infusion.

General

Please refer the patient to the Diabetes Direct Team via the Trust intranet as early as possible

Please ensure blood glucose levels monitored 4 hourly

Insulin Safety Advice

Ensure the feed is running prior to administering insulin.

If the feed is interrupted unexpectedly, the patient is at high risk of hypoglycaemia. Monitor glucose levels hourly. Use page 5 on the insulin chart to document hourly glucose.

Treating hypoglycaemia- blood glucose levels <4mmols +/- symptoms

See hypoglycaemia protocol

[\(Hyperlink to hypo protocol\)](#)

Changes to feed regime

Any alterations to the feeding regime should be communicated to the Diabetes Direct Team via intranet or bleep 8310.