

Diabetes management for adult in-patients requiring enteral or parenteral feeding

MDT decision to feed Via NGT
Dietician to prescribe appropriate feeding regimen for patient
Refer to DISN at earliest opportunity

Type 1 Diabetes

Type 2 Diabetes

Basal bolus regimen (Long acting and rapid acting insulin)

Start VR11 continue basal insulin and reduce dose by 20%, give at usual time and discontinue rapid /short acting insulin.

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Basal/ Intermediate regimen

Start VR11 continue basal/ intermediate insulin and reduce dose by 20%.

Pre mixed insulin regimen

Start VR11 discontinue subcutaneous insulin during the interim.

OHAs/diet controlled

No VR11 required.
If on metformin – continue but switch to liquid preparation.
Stop all other oral Hypoglycaemic Agents

Monitoring:

- 1) On VR11 check glucose hourly, even during the rest period while not on NG feed.
- 2) On diet/metformin/sc insulin check glucose at the start of feed, one hour post insulin administration and then every four hours while on the feed.

Switching to subcutaneous insulin:

- 1) Add the total insulin requirement in the last six hours of VR11
- 2) Divide this total by 6 and times by 20 to calculate the total daily dose of insulin (not use 24 to reduce the risk of hypoglycaemia)
- 3) Divide the total daily dose of insulin into a sc insulin (Humulin I or Insulatard) regimen that suites the feeding regimen i.e. 12 hour feed = once a day insulin; 24 hour feed = twice a day insulin ✨
- 4) Be aware that if the volume of the feed is adjusted – the insulin dose/s will likely need adjusting.

✨-For patient with Type 1 Diabetes ; consider bolus doses of soluble or rapid acting insulin at start, 6 and 12 hours into feed as required.

-Click link below to view Glycaemic management during the inpatient enteral feeding of stroke patients with diabetes.

https://abcd.care/sites/abcd.care/files/site_uploads/JBDS_Guidelines_Current/JBDS_05_Enteral_Feeding_Updated_060720.pdf