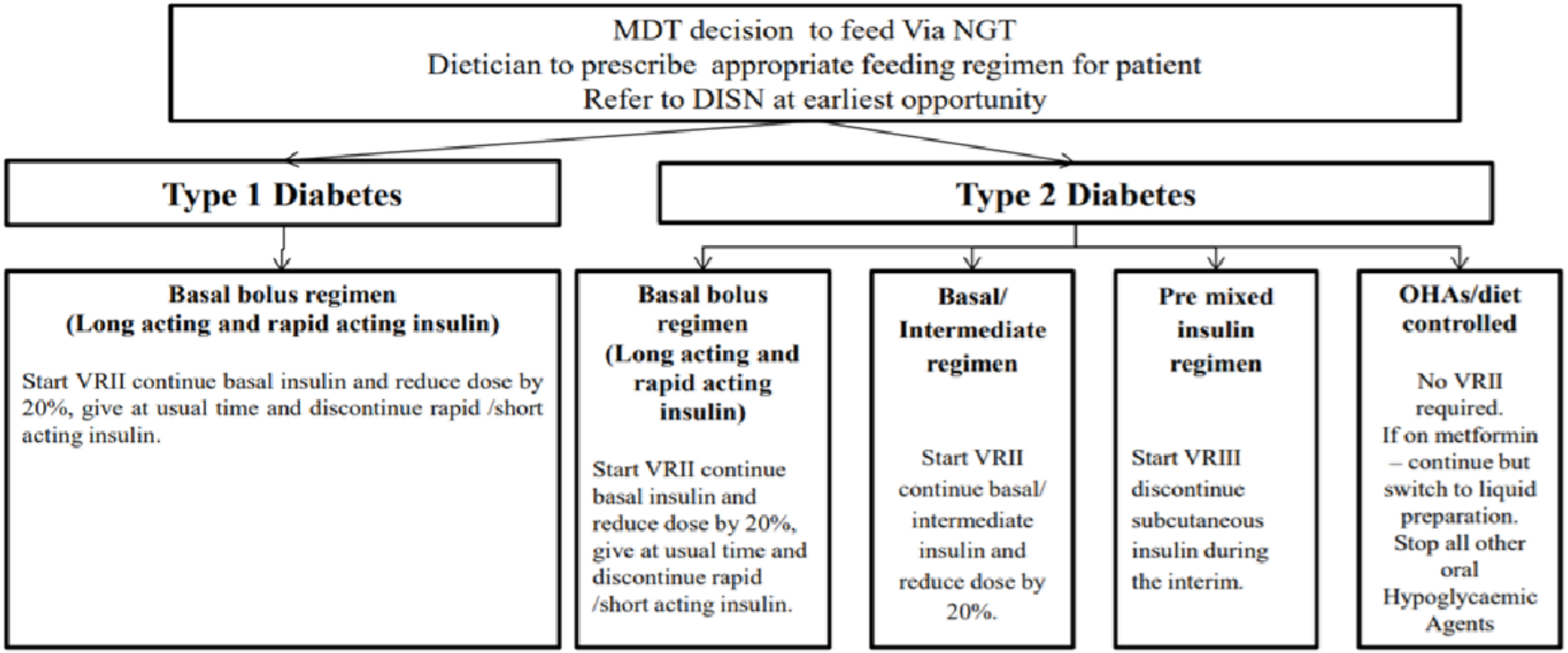
Diabetes management for adult in-patients requiring enteral or parenteral feeding



Monitoring:

1) On VRII 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 VRIII
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