DEXAMETHASONE THERAPY IN COVID-19

GUIDANCE FOR MANAGEMENT OF HYPERGLYCAEMIA IN PATIENTS WITH AND WITHOUT DIABETES

NO KNOWN DIABETES

All patients (no known diabetes), check daily 4pm CBG
If 4pm CBG > 12, start monitoring +/- treatment as below

DIABETES

MONITORING

URGENT TREATMENT?

Check HbA1c and monitor CBG **4 times per day** using 'insulin chart'
Withhold **Metformin**, **SGLT2i** and **GLP-1** during acute illness
Target CBG: 6-12 mmol/L (4pm and fasting)
If CBG **> 12** mmol/L **exclude DKA**
If CBG > **18** mmol/L **start VRIII and** ***refer to Diabetes Team***
If CBG **12.1-18** mmol/L ***follow advice below and on next page***

TREATMENT

NOT ON INSULIN

Initial treatment choice (morning Humulin I ***or*** twice daily Humulin I ***or*** Gliclazide), dose, and timescale of treatment titration will depend on the following clinical factors:

- CBG values, patterns and rate of deterioration?
- HbA1c (measure of pre-admission glycaemia)?
- Clinical severity of COVID infection?
- eGFR (AKI v CKD)?
- BMI?
- Is patient already on Gliclazide?

SEE NEXT PAGE FOR POINTS CALCULATOR AND TREATMENT RECOMMENDATIONS

ALREADY ON INSULIN

'Basal only'

Ensure long acting Insulin given in **morning** and increase dose by **10-40%** until target CBG reached

'Basal Bolus'

Ensure long acting Insulin given in **morning** and increase dose by **10-40%** until target CBG reached

'BD mix'

Increase **morning** dose by **10-40%** until target CBG reached

DISCHARGE PLANNING

- If patient to be discharged on insulin, involve DSN asap
- Give advice to patient on **proactive down-titration** of Insulin and/or Gliclazide
- Ensure appropriate follow-up in place

POINTS CALCULATOR

POINTS	1	2	3
Mean CBGs	12.1 - 14	14.1 - 16	16.1 - 18
HbA1c*	<60	60-80	>80
COVID severity	Mild	Moderate	Severe
eGFR	>60	30-60	<30
BMI	<30	30-35	>35
Already on Gliclazide?	no	≤ 160mg daily	> 160mg daily

TOTAL POINTS =

* HbA1c within last 3/12. If not available, score 1

TOTAL POINTS	TREATMENT RECOMMENDATION:
6	Start morning Gliclazide 80mg. Titrate daily as required (by 80mg increments) to achieve target CBG to maximum of 240mg (morning). If target CBG not achieved move to Insulin (see below)
7-12	Start morning Humulin I at a dose of 0.2 units/kg (eg 16 units for 80kg). Titrate dose daily by 10-40% depending on CBGs. Consider adding evening dose if fasting CBG >12. Use correction doses of Novorapid 3 hrly as required if CBG > 18 (use 10-20% total daily Insulin dose as correction dose). If CBG persistently >18, consider VRIII.
13-18	Start Humulin I at a dose of 0.3 units/kg and give 2/3 in the morning and 1/3 in the evening (eg 16 + 8 units for 80kg). Titrate doses daily by 10-40% depending on CBG values and patterns. Use correction doses of Novorapid 3 hrly as required if CBG > 18 (use 10-20% total daily Insulin dose as correction dose).). If CBG persistently >18, consider VRIII.

Target CBG: 6-12 mmol/L (4pm and fasting)

Refer to Diabetes Team if not achieving CBG targets using advice above or uncertain how to approach treatment choices using points calculator