Management of hyperglycaemia in a patient with Type 2 Diabetes on insulin

- Aim target CBG 6–10mmol/L (unless specified otherwise).
- Why is CBG high? Consider causes, for example sepsis, steroids, nutritional supplements.
- Usually no need for correction dose – aim to increase usual doses of insulin.
- If CBG >20mmol/L on 2 or more measurements, check venous blood gases (VBG) and blood ketones, consider variable rate intravenous insulin infusion (VRIII) / diabetic ketoacidosis (DKA) / hyperglycaemic hyperosmolar state (HHS) and seek senior help.