Management of steroid-induced hyperglycaemia

- Target CBG 6 – 10mmol/L (unless specified otherwise).
- Check HbA1c
- Check CBG 4 times a day, if CBG ≥18 mmol/L on 2 or more occasions in 24 hours start hours start Variable Rate Intravenous Insulin Infusion (VRIII)

T2DM not on gliclazide or insulin

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40mg GLICLAZIDE
once daily (if once-daily steroid)
twice daily (if multiple doses steroid)

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T2DM on gliclazide, not on insulin

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Up-titrate **GLICLAZIDE** until CBG target reached.
Maximum dose **240mg once daily**
(if twice daily dosing, max dose is 320mg in total a day)

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CBG remains elevated >10mmol/L on maximum dose

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Commence 10 units of Humulin I or Insulatard once-daily
Increase by 10-20% to reach CBG target

T1DM or T2DM on Insulin

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Basal Insulin Only

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Consider changing to AM dosing. Increase dose by 10-20% until target reached

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Basal-Bolus

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Ensure long-acting insulin given AM and increase by 10-20% until target reached

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Twice daily mixed Insulin

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Increase morning dose by 10-20% until target reached