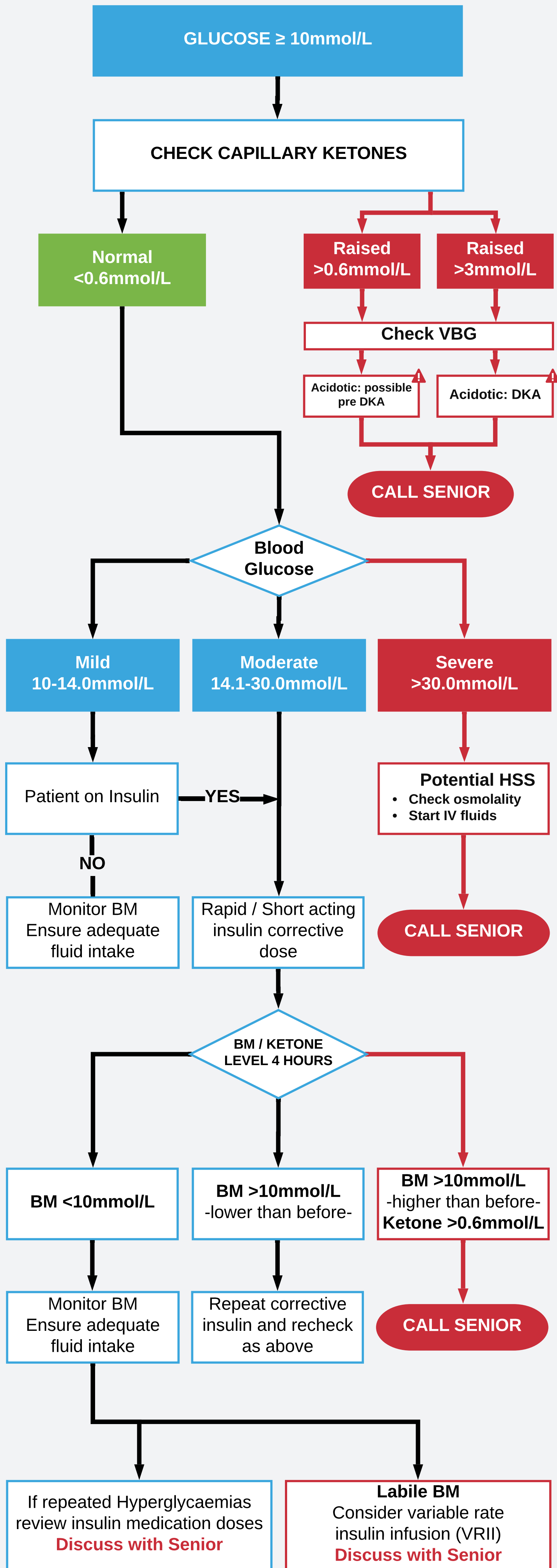


**NOT FOR MANAGEMENT OF DKA / HHS  
SEE LOCAL GUIDELINES AND CONTACT SENIOR**

**Ketosis regardless of Diabetes type**

- Ketosis is rare in T2DM as even a small amount of natural insulin production prevents starvation ketosis **but** it is possible
- Always check Ketones and **contact SENIOR if raised**



**CORRECTIVE INSULIN DOSE**

- Use Rapid (Novorapid) or Short (Actrapid) Insulin
- Approx. **1 unit Rapid / Short** Insulin will **decrease BM by 2-3mmol/L**
- Common corrective dose: **2 - 5 units**
  - Review after **4 hours** and repeat if needed
  - Base repeat corrective dose on affect initial corrective dose had on BM
  - i.e. 4 units dropped BM by 4mmol/L thus 1 unit = 1mmol/L decrease

**Avoid one off large dose of corrective Insulin (≥10 units)**

**IF UNSURE ALWAYS DISCUSS WITH SENIOR**

**ADJUSTING BASAL INSULIN**

If patient is having repeated Hyperglycaemia ( > 2 days) then adjusting their basal insulin (Long / Intermediate / Mixed) treatment is advised:

- Review BM's and determine when patient is having Hyperglycaemia
- Review and adjust their Insulin treatment prior to time of Hyperglycaemia
  - Keeping in mind the Onset / Peak / Duration of action of the Insulin

General rule - increase / decrease by 10% of Insulin dose at a time:

- i.e. 10 units Lantus - increase / decrease by max of 1 unit

Always take into account patient food and IV (glucose) intake and whether this is expected to change

**If patient is not eating do not stop all insulin  
Consider starting a variable rate intravenous insulin infusion**

**IF UNSURE ALWAYS DISCUSS WITH SENIOR**