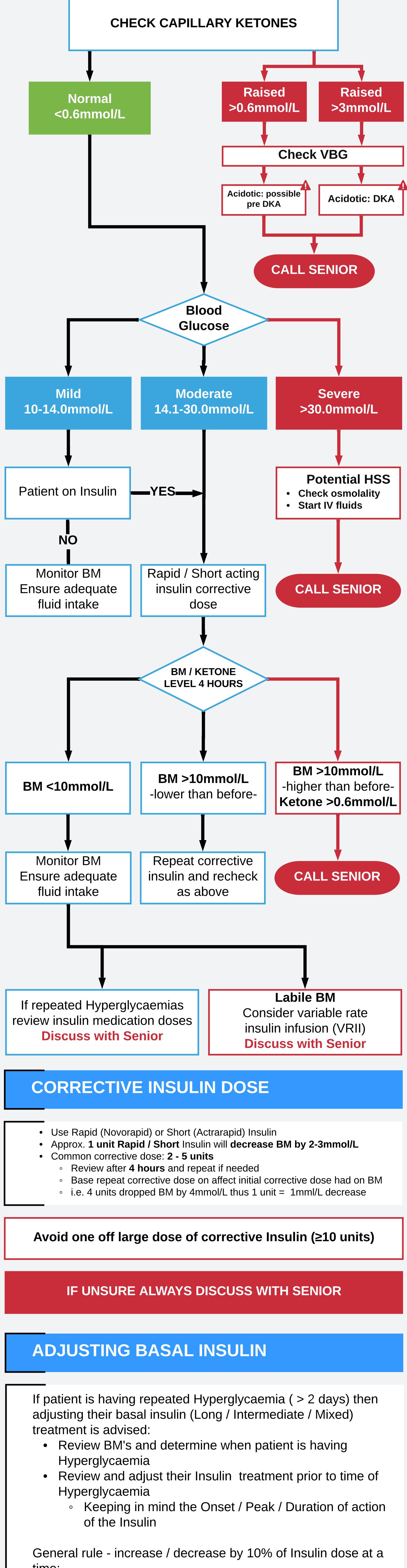


NOT FOR MANAGEMENT OF DKA / HHS SEE LOCAL GUIDELINES AND CONTACT SENIOR

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**



- 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 = 1mm/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