

QRG for managing hyperglycaemia in patients admitted to critical care with proven or suspected Covid-19

This QRG is to supplement the "Critical Care Glucose Control Policy" available on the intranet and on www.saferinsulin.org
Patients admitted to critical care with Covid-19 appear to have a higher prevalence of diabetes
They are likely to be managed in areas outside of the critical care unit by staff not familiar with departmental policies
For help and training on glucose management see the resources section on www.saferinsulin.org
Escalation of critical care capacity, need for PPE and large patient numbers may increase risk of harm from IV insulin

Check "Critical Care Admission" blood panel
Ensure HbA1c and glucose included

Higher threshold for starting IV insulin than usual (12mmol/l)

Use POC analysers if ABG not accessible or difficult to access due to isolation procedures

COMMENCE TREATMENT

Blood glucose > 12mmol/l



Recheck in 1-2 hours using POC meter



Blood glucose 4-12mmol/l



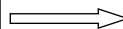
Insulin not required
repeat POC blood glucose
12 hourly



Blood glucose remains >12mmol/l



Commence insulin: 50 units actrapid in 50mls
saline (premade syringes)



Commence IV insulin using calculator on
www.saferinsulin.org
Or using paper VR11 (if not trained)

Target Range 6 – 12 mmol/l



Check blood glucose very 1-2 hours when on an IV insulin infusion
Whilst IV insulin requires 1 hourly checks, should other clinical
demands take precedent this can safely be extended to 2 hourly



Dose adjustment on
www.saferinsulin.org
(for training speak to critical care team)

Record calculator reference code in EPR as
instructed if other clinical priorities allow
the time to do so

Ensure PRN 50ml of 50% Glucose
prescribed and syringe stored in
easily accessible location for
emergency treatment of hypogly-
caemia

DOSE ADJUSTMENT