Diabetes: routine care

Give urgent attention to the patient with diabetes with any of the following:

- ❶ Decreased consciousness, drowsiness
- ❶ Confusion or unusual behaviour
- ❶ Fitting
- Shaking
- Sweating
- Palpitations
- Weakness
- Rapid deep breathing
- Nausea or vomiting
- Abdominal pain
- Thirst or hunger
- Temperature ≥ 38°C
- Chest pain
- Dehydration: dry mucous membranes, poor skin turgor, sunken eyes, BP < 90/60, pulse ≥ 100

Check random fingerprick glucose:

❷ Glucose < 3.5mmol/L with/without symptoms

- ❸ Give oral glucose orally. If decreased consciousness or glucose ≤ 2.8mmol/L, give 50mL 50% glucose IV over 1-3 minutes instead.
- Repeat if glucose < 3.5mmol/L after 15 minutes.
- Give the patient food as soon as s/he can eat safely.
- Identify cause and educate about meals and doses ⮌72.
- Refer same day if incomplete recovery. Continue 5% glucose 1L 6 hourly IV.
- Discuss referral if on gliclazide or insulin.

❹ Glucose > 11mmol/L with symptoms

- Give sodium chloride 0.9% 1L IV over 2 hours then 1L 4 hourly.
- Refer urgently to hospital.

Glucose > 11mmol/L without symptoms

❺ Check urine for ketones.

Ketones in urine

- Give sodium chloride 0.9% 1L IV over 2 hours then 1L 4 hourly.
- Refer urgently to hospital.

No ketones in urine

Give routine diabetes care below.

Assess the patient with diabetes

Assess	When to assess	Note
Symptoms	Every visit	Manage symptom as on symptom page. ❻ Ask about chest pain ⮌17 ❼ and leg pain ⮌37.
❽ CVD risk	At diagnosis and yearly	Assess CVD risk ⮌68. Start simvastatin if CVD risk > 20% ⮌72.
Family planning	Every visit	Assess patient's contraceptive needs ⮌91. If pregnant or planning pregnancy, refer for specialist care.
❾ BP	Every visit	❿ If BP ≥ 140/90 ⮌73. Aim to treat hypertension to < 140/90 (< 150/90 if ≥ 60 years) ⮌74.
⓫ Eyes for retinopathy	At diagnosis, yearly and if visual problems	Refer if new diabetes diagnosis, visual problems, cataracts or retinopathy.
⓬ Feet	• Visual: every visit • Comprehensive: at diagnosis and yearly, more often if problems	⓭ • Visual assessment: look for ulcers, callus, redness, warmth, deformity. ⓮ • Comprehensive assessment: visual assessment as above, foot pulses, reflexes, sensation in toes and feet ⓯ • Refer for specialist care if ulcers, severe infection or other abnormalities.
Random glucose	Only if symptoms or adjusting glucose-lowering medication	If random glucose < 3.5mmol/L or > 11mmol/L give urgent attention above.
⓰ HbA_{1c}: aim for < 7%.	⓱ • 6 monthly if HbA_{1c} < 7% • 3 monthly if HbA_{1c} ≥ 7% or after treatment change	• If HbA_{1c} < 7%: continue same treatment for diabetes ⮌72 and repeat HbA_{1c} in 6 months. • If HbA_{1c} 7-10% and adherent: step up treatment ⮌72 and repeat HbA_{1c} after 3 months. • If HbA_{1c} 7-10% and not adherent: educate on importance of adherence and repeat HbA_{1c} after 3 months. • If HbA_{1c} > 10%: discuss with doctor.
⓲ Random total cholesterol	⓳ • At diagnosis then yearly • 3 months after starting simvastatin	⓴ • If cholesterol > 8mmol/L, start simvastatin as below and refer for further assessment. ㉑ • If repeat cholesterol > 5mmol/L increase simvastatin as below. If already on 40mg daily discuss with specialist.
㉒ Urine albumin creatinine ratio (ACR)	At diagnosis and yearly if not on enalapril	If ACR raised, exclude urine infection, repeat ACR twice to confirm diabetic nephropathy and start enalapril ⮌72.
㉓ eGFR[1]	At diagnosis and yearly	If eGFR < 60mL/min/1.73m³, refer to doctor.

[1]Calculate estimated creatinine clearance rate if laboratory eGFR unavailable: eCcr = (140 - age) x weight (in kg) x constant /creatinine (µmol/l) where constant is 1.23 for man and 1.04 for woman.