MANAGING HYPERGLYCAEMIA IN PALLIATIVE CARE / TERMINAL ILLNESS

Raised blood sugars can result in patients being very symptomatic: polyuric, polydipsic, confused, etc. In the above setting it is important that such symptoms are controlled. **Symptomatic hyperglycaemia in patients who are terminal should not be ignored, even if they are not for active treatment.** The hyperglycaemia may be the result of steroids, diabetic patients being unable to take their oral medication or the disease process.

1. Patients who are eating and drinking

A) **Blood sugar 10-20, with symptoms.**

**Known Diabetes.**

1. Adjust oral medication or increase insulin
   - Monitor capillary glucose (BM) twice a day for 2 days, then
     - If symptoms improving and no BMs below 4, stop monitoring
     - If still symptomatic and BMs > 10 and on top dose of oral medication, consult Diabetes team

2. If diet controlled start gliclazide 80 mg b.d. (8am + 6pm, with food)
   - Monitor BM twice a day for 2 days, then
     - If symptoms improving and no BMs below 4, stop monitoring
     - If symptoms not improving and BMs > 10, increase gliclazide to 160 mg bd
     - Then, monitor BM twice a day for 2 days
     - If symptoms improving and no BMs below 4, stop monitoring
     - If still symptomatic and BMs > 10, start s.c. insulatard 8 units before breakfast and tea-time. (stop gliclazide)
       - Consult diabetes team.
       - Monitor BM twice a day

**NOT Known Diabetes.**

Start gliclazide 80 mg b.d. (8am and 6pm, with food)
   - Monitor BM twice a day for 2 days, then
     - If symptoms improving and no BMs below 4, stop monitoring
     - If symptoms not improving and BMs > 10, increase gliclazide to 160 mg bd
     - Then, monitor BM twice a day for 2 days
     - If symptoms improving and no BMs below 4, stop monitoring
     - If still symptomatic and BMs > 10, start s.c. insulatard 8 units before breakfast and tea-time. (stop gliclazide)
       - Consult diabetes team.
       - Monitor BM twice a day

B) **Blood sugar >20, with symptoms.**

**Known Diabetes.**

1. If not on top dose of oral medication, change to it
   - Monitor capillary glucose (BM) twice a day for 2 days
     - Symptoms improving and no BMs below 4, stop monitoring
     - If still symptomatic and BMs > 10, start s.c. insulatard 12 units before breakfast and tea-time.
       - Consult diabetes team.
       - Monitor BM twice a day

2. If on top dose of oral medication
   - Stop oral medication and start s.c. insulatard 12 units before breakfast and tea-time.
     - Consult diabetes team.
     - Monitor BM twice a day

**NOT Known Diabetes.**

- Start gliclazide 160 mg b.d. (8am and 6pm, with food)
  - Monitor BM twice a day for 2 days
  - Symptoms improving and no BMs below 4, stop monitoring
  - If still symptomatic and BMs > 10, start s.c. insulatard 12 units before breakfast and tea-time. (stop gliclazide)
    - Consult diabetes team.
    - Monitor BM twice a day
2. Patients NOT eating and drinking, but conscious
If patient is receiving fluid support avoid all dextrose containing fluid. Pt is not to receive sliding scale. In patients who are comatose, and in the final stages of their terminal illness: do not monitor BMs and avoid dextrose containing fluid.

A) Blood sugar 10-20, with symptoms.
Regardless of whether patient is a known diabetic

1. Start s.c. insulatard 10 units before breakfast and teatime.
2. Monitor BM twice a day for 2 days, then
3. If symptoms improving and no BMs below 4, stop monitoring
4. If still symptomatic
   - BM 10-15 increase insulin to 12 units b.d.
   - BM 15.1-20 increase insulin to 14 units b.d.
   - BM >20 increase insulin to 16 units b.d.
   - Then, monitor BM twice a day for 2 days
5. If symptoms improving and no BMs below 4, stop monitoring
6. If still symptomatic
   - BM 10-15 increase insulin to 16 units b.d.
   - BM 15.1-20 increase insulin to 18 units b.d.
   - BM >20 increase insulin to 20 units b.d.
   - Then, monitor BM twice a day for 2 days
   - Consult diabetes team
7. If symptoms improving and no BMs below 4, stop monitoring
8. If still symptomatic
   - BM 10-15 increase insulin to 18 units b.d.
   - BM 15.1-20 increase insulin to 20 units b.d.
   - BM >20 increase insulin to 24 units b.d.
   - Then, monitor BM twice a day for 2 days
   - Await diabetes team

B) Blood sugar > 20, with symptoms.
Regardless of whether patient is a known diabetic

1. Start s.c. insulatard 14 units before breakfast and tea-time.
2. Monitor BM twice a day for 2 days, then
3. If symptoms improving and no BMs below 4, stop monitoring
4. If still symptomatic
   - BM 10-15 increase insulin to 16 units b.d.
   - BM 15.1-20 increase insulin to 18 units b.d.
   - BM >20 increase insulin to 20 units b.d.
   - Then, monitor BM twice a day for 2 days
   - Consult diabetes team
7. If symptoms improving and no BMs below 4, stop monitoring
8. If still symptomatic
   - BM 10-15 increase insulin to 20 units b.d.
   - BM 15.1-20 increase insulin to 26 units b.d.
   - BM >20 increase insulin to 30 units b.d.
   - Then, monitor BM twice a day for 2 days
   - Await diabetes team