## Front Door Management of Hyperglycaemia

To diagnose new diabetes as Type 1 DM vs Type 2 DM Please see trust guidelines:

(c) Likely new T1DM diagnosis

REFER to Diabetes team (M-F, 9am-3pm) OR

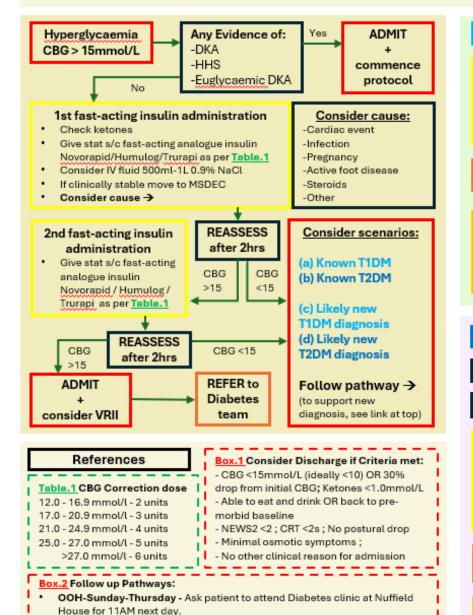
+/-

HbA1c

discuss with on-call medics (OOH)

Start basal long-acting insulin- Humulin I/

LINK to separate guidance



If after 3pm Friday and any time Saturday - Ask patient to attend MSDEC

for 9AM next day for education with diabetes specialist nurse.

DiabetesNurses@uhb.nhs.uk, DiabetesSecretaries@uhb.nhs.uk

Please send emails to: DiabetesOrders@uhb.nhs.uk,

## (a) Known T1DM REFER to Diabetes team (M-F, 9am-3pm) OR discuss with on-call medics (OOH) If CBG > 12mmol/L persistently over 24h increase insulin dose(s) by 10%. If OOH - follow pathway as per Box.2 If discharge criteria is met (Box.1), ensure: Pt is able to self-monitor CBG and ketones T1DM and information including hypoglycaemia advice is given

(b) Known T2DM

If not on tx, treat as (d) likely new T2DM

REFER to Diabetes Team (M-F, (9am-3pm) OR

If discharge criteria is met (Box.1), ensure:

T2DM leaflet, information including

hypoglycaemia advice

Pt is able to self-monitor CBG and ketones

if OOH – follow pathway as per Box.2

If prior insulin tx

Discuss with on-

call medics (OOH)

Increase all insulins

by 10%

If prior oral meds

Give stat dose long-

Humulin I/Lantus/

(or 0.3units/kg if

BMI>30)

Semglee 0.2units/kg

acting insulin

