## **DIABETES: PERI-OPERATIVE MANAGEMENT IN ADULTS Northampton General Hospital ELECTIVE POAC** T1DM: Missing >1 meal/ Not received background insulin PRE-OPERATIVE Urgent No No >69mmol/mol <69mmol/mol T2DM: Missing >1 meal and ➤ Consider Delay & Optimise Check HbA1c Surgery 8.5% 8.5% develops hyperglycaemia (CBG >12mmol/L) PERI-OPERATIVE VRIII Yes Yes Proceed to admission **EMERGENCY** Check CBG hourly from admission See Red Box Below Aim CBG 6-12mmol/L Check CBG at induction and then hourly INTRA-OPERATIVE See Red Box Below **AIMS** Aim CBG 6-12mmol/L Normal electrolytes Avoid PONV \* Do not stop pre-op VRIII intra-operatively Consider regional anaesthesia \* Record VRIII on anaesthetic chart Caution with dexamethasone & \* Discuss post-op plan at WHO sign out **NSAIDS** Monitor pressure areas POST-OPERATIVE ➤ NGH Guidelines Continue hourly CBG · On VRIII **AIMS** No Monitor fluid & electrolytes Aim CBG 4-12mmol/L ← → Aim CBG 3.5-12mmol/L Return to normal regime once eating If usual treatment can cause hypoglycaemia If usual treatment cannot cause and drinking (eg insulin, sulphonylureas) hypoglycaemia (eg metformin) See Red Box Below **BLOOD GLUCOSE MANAGEMENT (for patients not on a VRIII)** >12mmol/L 4-6mmol/L <4mmol/L 6-12mmol/L Symptomatic/Sedated/GA Blood Ketones<3 Blood ketones>3 / Ketonuria<+++ / Ketonuria>+++ 50-100ml 50-100ml Continue CBG monitoring 20% glucose 10% glucose If Type 1 If Type 2 ?DKA s/c rapid analogue insulin\* s/c rapid analogue insulin\* Recheck CBG at 10 mins ← (1 unit ◆ CBG by 3mmol/L) (0.1 unit/kg (max 6 units) Persistent Hypoglycaema Refer to DKA Guideline & **Contact Diabetes Team Contact Diabetes Team** Contact: Diabetes Team Bleep 6037 Check CBG at 1 hour to ensure it is falling CBG-Capillary Blood Glucose, VRIII - Variable Rate intravenous insulin infusion, Unit - International Units Dr Karen Leyden, Consultant Anaesthetist If CBG>12 mmol/L at 2 hours then DKA - Diabetic Ketoacidosis, s/c - Subcutaneous, GA - General Anaesthetic Dr Sowmya Gururaj-Setty, Consultant Diabetologist \*NovoRapid ®, Humalog ®, Apidra ® repeat & consider increased dose or VRIII Dr Kshiteeja Naik, SpR Anaesthetics