**Guidance for management of diabetes in patients with suspected/confirmed Covid-19 in inpatient areas LYPFT.**

**COVID-19 infection in people with or without previously recognised diabetes increases the risk of the EMERGENCY states of hyperglycaemia with ketones, Diabetic KetoAcidosis (DKA) and Hyperosmolar Hyperglycaemic State (HHS). Covid-19 precipitates atypical presentation of diabetes emergencies (eg mixed DKA and hyperosmolar states).**

**Please see the links below for general advice re diabetes management; sick day rules provide general principles for self-management in community patients when unwell. The Concise advice on inpatient diabetes (Covid:Diabetes) is intended for patients who are more acutely unwell requiring general hospital admission.**

**SADMAN sick day rules for diabetes**

<http://staffnet2/sites/DocumentCentre/Resources/how-to-advise-on-sick-day-rules.pdf>

Diabetes UK Covid advice (COVID:Diabetes)

<https://www.leedsth.nhs.uk/assets/4175100fec/6.-Diabetes-guidance-COVID19.pdf>

Monitoring:

* **Type 2 diabetes; check blood glucose 2-4x/day as minimum.**
* **Type 1 diabetes; check blood glucose 4-6 hourly.**
* **Ketones: If blood ketone meter available check capillary blood ketones on patients with Type 1 diabetes with glucose over 16mmol/litre OR unwell patients with diabetes with glucose over 12mmol/l. If ketones are above 1.5mmol/l, inform on-call psychiatric doctor and also repeat in 2 hours. On-call Dr to seek advice from LTHT colleagues as required. If ketones above 3mmol/l need urgent medical treatment/A&E.**

**If no ketone meter available check urinary ketones instead (NB less accurate and more difficult to make accurate judgements). If urinary ketones are more than 2+ inform on-call psychiatric doctor and also repeat in 2 hours. Seek advice from LTHT colleagues as required.**

* **Frequency of monitoring of blood glucose/ketones may need increasing depending on an individual’s presentation/advice from medical colleagues at LTHT.**

**Medication:**

* **Continue insulin. Insulin doses may need to be increased during illness; seek advice from endocrine colleagues/on call medical team at LTHT if required.**
* **Oral hypoglycaemics- in patients who are asymptomatic/mild symptoms continue usual medications. If there is a risk of dehydration (poor oral intake, vomiting, diarrhoea) then SGLT-2 inhibitors (e.g. dapagliflozin, canaglifozin) should be discontinued. They can cause euglycaemic DKA. If patient very unwell/worsening renal function also discontinue metformin.**
* **If poor oral intake/dehydration also consider impact of other medications as per SADMAN rules (see sick day rules link). Be mindful of impact of discontinuing medications and seek advice from colleagues at LTHT if required.**

**General management:**

* **Ensure hydration and carbohydrate intake is maintained.**
* **If not able to eat/vomiting replace meals with sugary fluids.**
* **If blood glucose levels are high, maintain fluid intake with sugar-free fluids**
* **If blood glucose levels are low, encourage regular intake of sugary drinks**

**SEEK ADVICE FROM ENDOCRINOLOGY COLLEAGUES/ON- CALL MEDICAL TEAM AT LTHT IF ANY CONCERNS.**