

## **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
5. If symptoms improving and no BMs below 4, stop monitoring
6. If still symptomatic
  - BM 10-15 increase insulin to 18 units b.d.
  - BM 15.1-20 increase insulin to 22 units b.d.
  - BM >20 increase insulin to 26 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