

NAME

QM Number

DIABETES CARE & SURGICAL ADMISSION PLANNER

1 What type of diabetes does this patient have?

Type 1
Insulin
Dependent

Type 2
Insulin
Controlled

Type 2
Tablet
Controlled

Type 2
Diet
Controlled

2. How good is the patient's control?

Acceptable
(mean BM < 11
or HbA1c < 8.5)

Poor
(mean BM > 12
or HbA1c > 9)

Don't Know

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record BM & send HbA1c	
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3. Does this patient have a problem with hypos?

Yes

No

4. What is the expected length of stay?

< 2 days

> 2 days

Procedure

5. usual DIABETES medication (and dose at each time point)

Drug (or Insulin)	am	lunch	dinner	bedtime

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This patient IS / IS NOT * suitable for admission on the day of surgery in view of diabetic control

*They should be admitted () days prior to surgery

Pre operative Care

1. Take usual medication upto, but omit on the morning of admission
2. Omit evening dose of gliclazide / glibenclamide / glipizide on day prior to surgery
3. Take usual insulin the day before admission but reduce overnight dose by 10%, omit insulin on morning of admission, aim to arrive at day unit / ward by 07.00 when an insulin infusion will be started
4. GIK Infusion should be commenced at 9.00pm the evening prior to surgery
5. BM's should be monitored on arrival at the ward, and hourly whilst on GIK regimen
6. BM's should be monitored on arrival at the ward, and 2 hourly until GIK regimen starts (hourly when / if GIK is instituted)
7. BM's should be monitored on arrival at the ward, and qds whilst on the ward.

Peri-operative care (and intravenous insulin prescription)

Should aim to schedule at the beginning of the list (ideally am list)

Once on a GIK regimen BM's should be taken hourly in order to adjust the regimen appropriately.

Fluid infusion should be with 5% dextrose (with 20mmol KCl added) over 8 hours (surgical fluid requirements should be calculated separately)

Sliding Scale

Use Actrapid Insulin, put 50 units into 50 mls Normal Saline in a syringe driver

Remember the half-life of intravenous insulin is measured in minutes, if the pump is switched off for 5 mins (or faulty) the patient will have NO insulin.

Subcutaneous sliding scales **DO NOT WORK** - do not prescribe them!

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BM	Units/hour
<5	
5.1 - 12	
12.1 - 18	
>18	

BM	Units/hour
<4	
4.1 - 6	
6.1 - 10	
10.1 - 15	
15.1 - 20	
>20	

Post Operative Care

Insulin Sliding Scale should be discontinued only once the patient is able to take a meal AND their regular medication - the Infusion should be taken down 30 mins **AFTER** that meal.

1. This patient should remain on sub-cutaneous insulin (dose to be advised) for () days post op before recommencing their usual medication.

2. Metformin Comment

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Date: