

# New presentation of hyperglycemia (CBG >11mmol/L) to ED (not known to have diabetes) quick reference guide

<b>Classification:</b>	Guideline		
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<b>Authors Division:</b>	Medicine - Internal		
<b>Departments/Group this Document applies to:</b>	All clinical		
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<b>Guideline to be followed by (target staff):</b> All Nursing & Medical Staff			
<b>To be read in conjunction with the following documents:</b> List here policies/policys/patient information/forms/any other document which is linked to this guidance			
<b>Are there any eCARE implications?</b> No			
<b>CQC Fundamental standards:</b> CQC Fundamental Standard which this policy meets? Regulation 9 – person centered care Regulation 10 – dignity and respect Regulation 11 – Need for consent Regulation 12 – Safe care and treatment Regulation 13 – Safeguarding service users from abuse and improper treatment Regulation 14 – Meeting nutritional and hydration needs Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints Regulation 17 – Good governance Regulation 18 – Staffing Regulation 19 – Fit and proper			

## Disclaimer -

Since every patient's history is different, and even the most exhaustive sources of information cannot cover every possible eventuality, you should be aware that all information is provided in this document on the basis that the healthcare professionals responsible for patient care will retain full and sole responsibility for decisions relating to patient care; the document is intended to supplement, not substitute for, the expertise and judgment of physicians, pharmacists or other healthcare professionals and should not be taken as an indication of suitability of a particular treatment for a particular individual.

The ultimate responsibility for the use of the guideline, dosage of drugs and correct following of instructions as well as the interpretation of the published material **lies solely with you** as the medical practitioner.

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## Guideline Statement

This guideline is to support clinicians to safely manage new presentations of hyperglycemia in patients who present the emergency department. This guideline does not replace clinical judgement but to assist the decision-making process.

- Seek early advice from Diabetes Medical Team If Diabetic Ketoacidosis (DKA) or Hyperosmolar Hyperglycaemic state is suspected.
- Patients requiring DKA (Diabetic Ketoacidosis), or HHS (Hyperosmolar Hyperglycaemic State) management please use the PowerPlan on eCARE.
- Involve the Diabetes Inpatient Specialist Nurse (DISN)Team as soon as possible (some patients may not need to be admitted).

## Executive Summary

This guideline seeks to support clinical decision making in patients experiencing hyperglycemia by helping to rule out diabetes emergencies such as DKA/HHS, assisting clinical decision making to prevent complications of hyperglycemia for adult patients.

## Definitions

DISN – Diabetes Inpatient Specialist Nurse

MKIDS – Milton Keynes Integrated Diabetes Service

FRiii – Fixed rate intravenous insulin infusion

CBG – Capillary Blood Glucose

DKA (Diabetic Ketoacidosis)

HHS (Hyperosmolar Hyperglycaemic State)

Diabetes MDT (Multi-Disciplinary Team).

Diabetes MDT (Multi-Disciplinary Team).

### 1.0 Roles and Responsibilities:

It is the responsibility of all doctors and nurses who manage patients who may present to the emergency department to familiarise themselves with this guidance.

If there is uncertainty after reviewing this guideline you must escalate concerns to a senior member of your team or the Diabetes MDT (Multi-Disciplinary Team). All Healthcare professionals who prescribe, dispense and/or administer insulin must complete the mandatory insulin safety module on ESR (Electronic Staff Record)

The DISN Team work Monday to Friday 8-4pm. Saturday and Sunday 8-12:15. No bank holidays.

The MKIDS Team is a multi-disciplinary team consisting of Diabetes Consultants and Diabetes Specialist Nurses with administration support. This service is presently only available Monday – Friday 9-5pm (excluding bank holidays). They work

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alongside colleagues in primary care to provide high quality, local care for people living with diabetes with a Milton Keynes GP.

They are presently based at: Willen Surgery, Beaufort Drive, Willen, Milton Keynes MK15 9EY. Hospital staff can use the referral form found on the MKUH intranet – Tools – Diabetes – Quick reference guides and refer directly to: [mk.ids@mkuh.nhs.uk](mailto:mk.ids@mkuh.nhs.uk)

Please put patients initials and NHS number in the subject field (the clinical system there works on NHS numbers).

## 2.0 Implementation and dissemination of document

This guideline will be included as an appendix to the in the insulin safety module and discussed at Think Glucose study days.

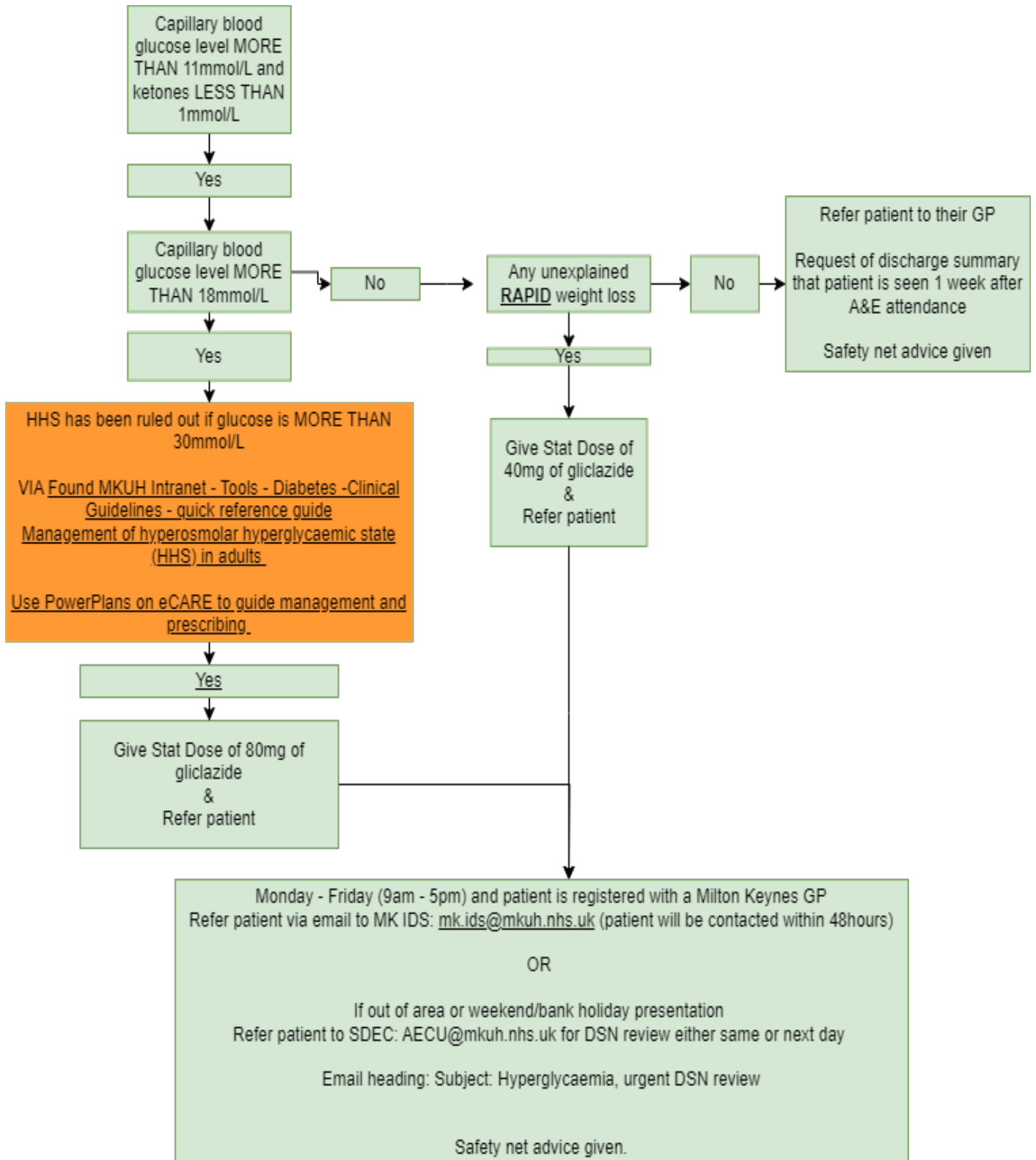
The guideline can be accessed on the MKUH internet – Tools – Diabetes – Quick reference guides

It will also be communicated using the Trust weekly newsletter

A laminated chart of the flowchart will be sent to the emergency department.

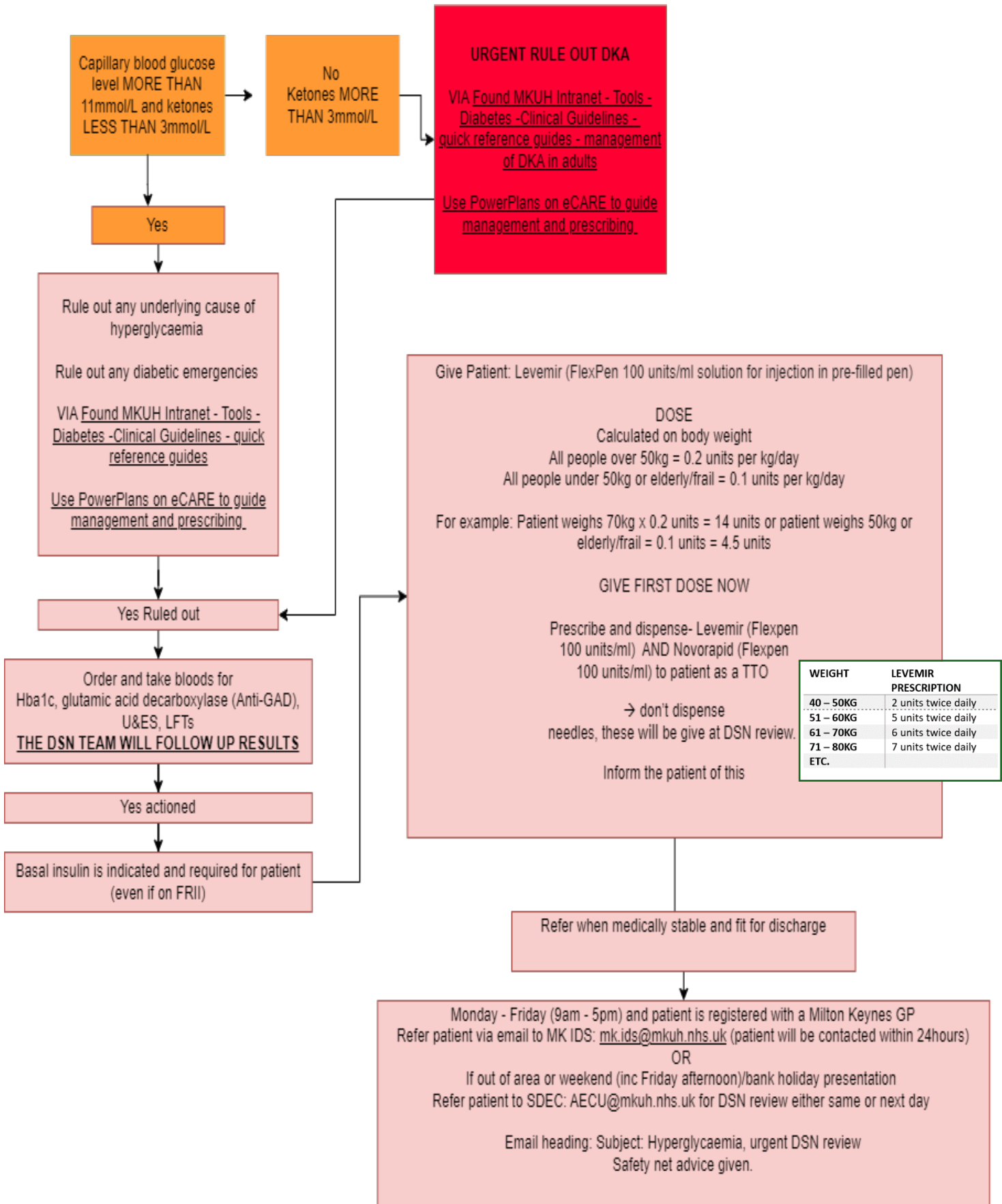
### 3.0 Processes and procedures

#### 3.1 Capillary blood glucose level MORE THAN 11mmol/l and Ketones LESS THAN 1mmol/l



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### 3.1.1 Capillary blood glucose level MORE THAN 11mmol/l and Ketones MORE THAN 1mmol/l



## 4.0 Statement of evidence/references

Tables adapted from GIRFT Initial management of hyperglycaemia in adults in the emergency department

### References:

NICE 2021 : National Institute for Health and Care Excellence (2015; Last updated July 2022)  
Type 1 diabetes in adults: diagnosis and management. [NICE guideline NG17]. [Online]. Available from: <https://www.nice.org.uk/guidance/ng17> [Accessed 10 september 2024]

Type 2 diabetes in adults: management. NICE guideline [NG28] [Online] Available from: <https://www.nice.org.uk/guidance/ng28> (Accessed 10 September 2024)

**External weblink references:** If you refer to any external websites, please ensure you include the following disclaimer: 'Please note that although Milton Keynes University Hospital NHS Foundation Trust may include links to external websites, the Trust is not responsible for the accuracy or content therein.'

## 5.0 Governance

### 5.1 Document review history

Version number	Review date	Reviewed by	Changes made
1.1	13/03/2024	ED CIG	Levemir dose advice table
1.1	01/01/2024	Internal medicine CIG	none

### 5.2 Consultation History

Include staff in consultation who will be required to ensure the Guideline is embedded. This table should be completed in full even if no comments are received

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Dr Asif Humayun	Consultant	Nov 2023	Nov 2023	Verbal – <ul style="list-style-type: none"> <li>Consider changing to an interactive app in future</li> <li>Ensure follow up with GP/Or IDS/DISN</li> </ul>	Yes
Dr Ioannis Spiliotis	Consultant	April 2024	April 2024	Include Levemir dose advice table Information regarding TTO	Yes
Quan Hong Gan	Principal Pharmacist	April 2024	April 2024	Development of PGD for Diabetes Specialist nurse	Yes
Amman Chasmawala	Principal Pharmacist	April 2024	April 2024	Development of PGD for Diabetes Specialist nurse	Yes
Jayne plant	Library	March 2024	March 2024	Fine	Yes
Dr Asif Ali	Consultant	Sept 2024	Sept 2024	Verbal – fine	Yes
Jacqui Harrison	DSN	Sept 2024	Sept 2024	Verbal – fine	Yes
Munira Khimani	DSN	Sept 2024	Sept 2024	Verbal – fine	yes

### 5.3 Audit and monitoring

How will compliance of this Guideline be evidenced?.



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Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board

## 5.4 Equality Impact Assessment

As part of its development, this Guideline and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified. Equality Impact assessments will show any future actions required to overcome any identified barriers or discriminatory practice.

Equality Impact Assessment			
Division	Internal medicine	Department	Diabetes
Person completing the EqIA	Paige Bell	Contact No.	Paige.bell@mkuh.nhs.uk
Others involved:		Date of assessment:	10/09/2024
Existing policy/service		New policy/service	
Will patients, carers, the public or staff be affected by the policy/service?			
If staff, how many/which groups will be effected?			
Protected characteristic	Any impact?	Comments	
Age	NO	Positive impact as the policy aims to recognise diversity, promote inclusion and fair treatment for patients and staff	
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		
Pregnancy and maternity	NO		
Race	NO		
Religion or belief	NO		
Sex	NO		
Sexual orientation	NO		
What consultation method(s) have you carried out?		Discussion with colleagues	
How are the changes/amendments to the policies/services communicated?		Weekly newsletter, Teams, Ward managers/matrons, Diabetes study day and department visit	
Review date of EqIA			



## Checklist for Guideline and guidelines documentation

By submitting a document for review/approval you are confirming that the document has been checked against the [checklist](#) below to ensure it meets the Trust standards for producing Trust Documentation (for support please contact your Governance Facilitator/Patient Safety Lead.

Check	Tick
Latest template	<input type="checkbox"/>
Fonts should be Arial 14 for headers 12 for main body	<input type="checkbox"/>
Clear Title and replace with document title Font Arial 22	<input type="checkbox"/>
Authors Job title:	<input type="checkbox"/>
Authors Division:	<input type="checkbox"/>
Department/Groups this document applies to:	<input type="checkbox"/>
Date of approval:	<input type="checkbox"/>
Review date:	<input type="checkbox"/>
Approval Group/approved by (according to policy requirements):	<input type="checkbox"/>
Last review date:	<input type="checkbox"/>
Unique Identifier: if known (new documents will be assigned at publication)	<input type="checkbox"/>
Status: Approved	<input type="checkbox"/>
Version numbers are the same throughout document	<input type="checkbox"/>
Scope: Who will use this document?	<input type="checkbox"/>
To be read in conjunction with the following documents:	<input type="checkbox"/>
Are there any eCARE implications?	<input type="checkbox"/>
Latest CQC fundamental standards referenced: <a href="#">Trust intranet page with fundamental standards</a>	<input type="checkbox"/>
Footers completed to match main page : (on all pages)	<input type="checkbox"/>
References are updated (contact the library (Jayne Plant 3077) for help if required)	<input type="checkbox"/>
Consultation history includes key stakeholders required to embed document. Pharmacy are consulted if the document contains medication	<input type="checkbox"/>
Audit and monitoring criteria is completed and clear (where possible reference the relevant section of the policy)	<input type="checkbox"/>
Include full & correct consultation history	<input type="checkbox"/>
Dissemination should be clear	<input type="checkbox"/>
Check relevant hyperlinks work	<input type="checkbox"/>

Completed by name:	Position:	Division	Date
			(DD/MM/YYYY)