

Frailty, Older Patients and Patients in the Final Days of Life (EOL)

❗ The primary aim for this group of patients is to avoid hypoglycaemia (CBG <4.0mmol/l) and hyperglycaemia with potential osmotic symptoms (CBG >15mmol/l).

FRAILITY AND OLDER PATIENTS

❗ Elderly patients with an HbA1c <7.0% are at greater risk of in-hospital hypoglycaemia - this group of patients is likely to need their diabetes medication reducing to avoid hypoglycaemia

ADMISSION

- Review HbA1c and diabetes medication on admission
- Consider if diabetes medication needs changing, reducing or stopping* to lessen the risk of hypoglycaemia
- Consider alternative suitable agents (e.g. DPP IV inhibitors) which are **not** associated with risk of hypoglycaemia
- Minimise risk of hypoglycaemia at night by **recommending provision** of snacks at bedtime and considering reducing teatime or evening dose of diabetes medication (insulin by 20% and sulphonylurea by 50%)

CBG TARGETS

- General inpatient target for older patients is 7.8-10mmol/l however this may be individualised
- In moderate to severe frailty a higher range may be agreed (7.8 - 15mmol/l)
- For frail older patients **undergoing surgery** the suggested range is 7-11mmol/l

DISCHARGE

- When frail older patients with diabetes are discharged ensure that all concerned are aware of any medication changes, emergency contacts and / or follow-up plan
- If patients are on insulin it is vital to ensure that the patient and/or carer is able to administer the medication and if not to have a robust plan in place for **district nurse** support

END OF LIFE

- **CBG TARGETS** - for patients at the end of life the suggested range is 6-15mmol/l – again individualised where needed as 6-7mmol/l may pose an unacceptable hypo risk when patients in final days of life.
- For summary of guidance of the management of diabetes in the final days of life - see flowchart overleaf.

KEY MESSAGE

It is clear in these clinical scenarios that the CBG range should be individualised – the priority being to avoid hypoglycaemia and minimise risk of symptomatic hyperglycaemia.

* **⚠ WARNING:- Do not stop insulin if a patient has Type 1 diabetes - risk of DKA**

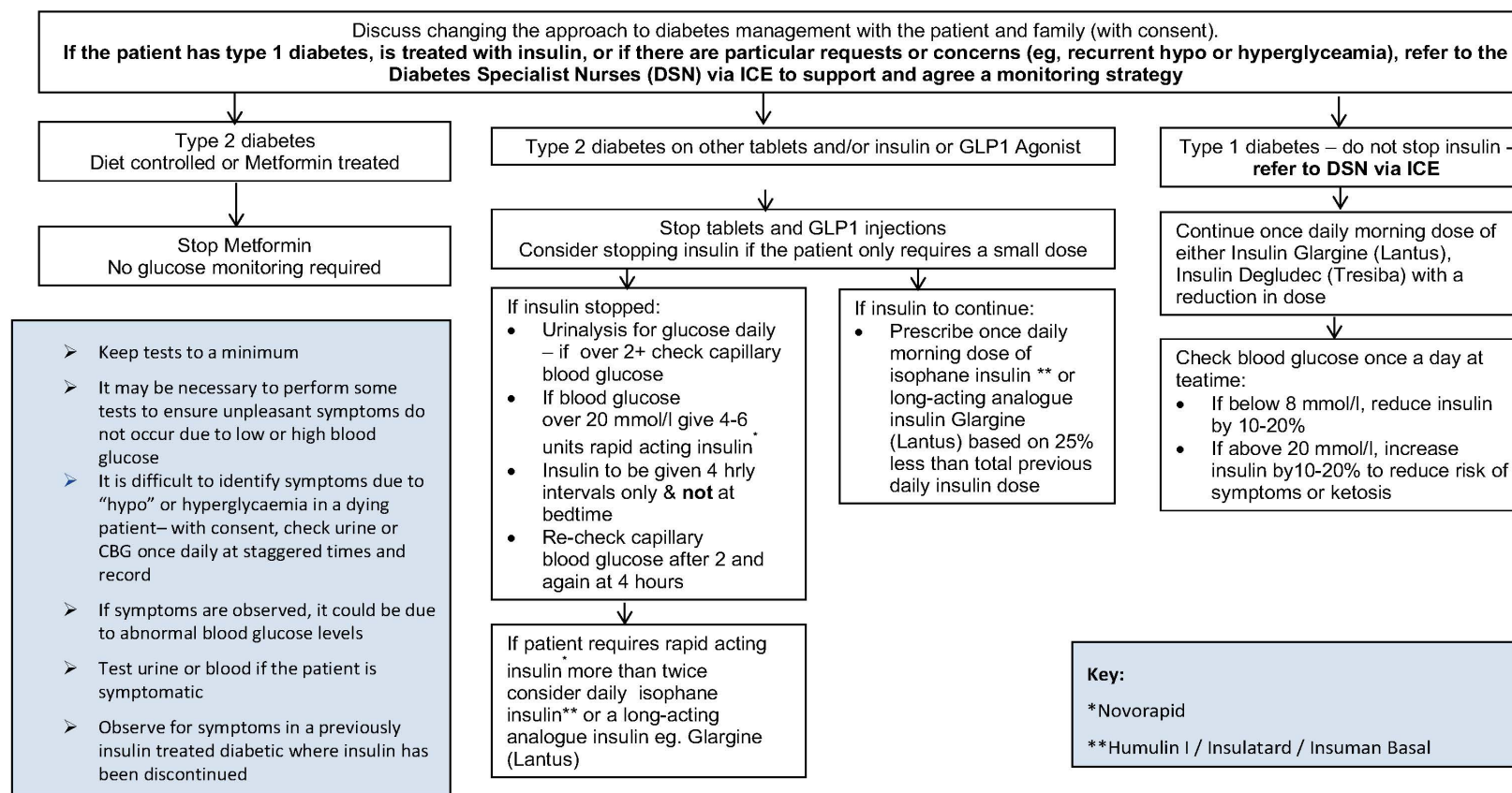


Summary of Guidance of the Management of Diabetes in the Final Days of Life

Symptom Guidance (Appendix 3)

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Managing diabetes in the last few days of life



Guidance for the Care of Patients in the Last Days of Life
V1 Approved by Acting Chair of the Policy and Guideline Committee (under Chairman's approval) on March 5th 2018, Trust Ref: B1/2014 Next Review: July 2019

Page 6 of 6

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