

Pan - London hyperglycaemia management for adults with type 2 diabetes – urgent treatment decision tree for primary care clinical settings

Blood glucose (random) ≥ 20.0 mmol/L on finger-prick test and/or is HbA1c ≥ 96 mmol/mol?

No

Yes

Does the patient have any of the following?

- Blood glucose level between 15.0 -19.9mmol/L
- Blood ketones ≥ 0.5 mmol/L or urine ketones $\geq +^*$

Yes

Is the individual acutely symptomatic?

Do they have any of the following osmotic symptoms? polyuria, polydipsia, dehydration, rapid weight loss, feeling unwell, nausea, bloating, abdominal pain or vomiting?

AND/OR do they have blood ketones ≥ 1.5 mmol/L OR urine ketones $\geq ++$?

No

No

Yes

Has there been an increase of ≥ 25 mmol/mol in HbA1c within 6-12 months?

If unclear, or only one result available, choose 'No'.

Refer individual immediately to Emergency Department

If available, send patient with details of HbA1c.

No

Yes

First-line hyperglycaemia advice in non-specialist setting:

- Review diet and lifestyle, including consumption of high sugar drinks **AND**
- Review medication adherence **AND**
- Consider new medication initiation (refer to local diabetes management guidance).
- Discuss sick day rules guidance ([link](#)) and give advice on follow up if blood glucose levels do not improve/worsen

Urgent referral to local specialist community diabetes services

Needs review within two working days for initiation or review of insulin regimen.

If no local specialist diabetes availability within 2 days, **contact on-call diabetes team at local hospital for advice.**

Contact patient directly within 1 week after receiving discharge letter

If not being followed up by hospital team, refer to local specialist diabetes team for initial management until stable.