



HEALTH

Kwazulu-Natal

DEPARTMENT OF HEALTH

PROVINCE OF KWAZULU-NATAL

EDENDALE HOSPITAL

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Reference: **guideline 8**

PROTOCOL: PERI-OPERATIVE MANAGEMENT OF THE DIABETIC PATIENT

	Normal	IFG / IGT	Diabetes
Fasting glucose (mmol/L)	<6.1	6.1-6.9	>7.0
2 Hr post glucose load	<7.8	7.8-11.1	>11.1

- Patients should ideally be admitted at least 24 hours prior to surgery.
- ALL Diabetic patients must have a 'DIABETIC CHART' and 6hourly glucose monitoring
- Septic patient and patients with ketones in urine will require 4hrly monitoring and insulin on sliding scale.
- All diabetic patient on admission should have urine dipstix for ketones.
- Blood glucose should be corrected as soon as possible and maintained on sliding scale if necessary (preferably be less than 11mmol/L prior to surgery).
- Fluid, electrolyte and acid-base status should always be corrected
- NORMAL SALINE is the fluid of choice(provided the serum sodium is less than 145meq/l).
- Medical consult as necessary.
- NB: Elective procedures are to be done as early as possible in the morning

A. Diabetics controlled on DIET alone:

- Should be monitored for hypo- and hyperglycaemia and corrected accordingly

B. Patients on ORAL HYPOGLYCAEMICS:

- Use Insulin Sliding Scale for adequate control if required
- As soon as patient is able to eat, oral hypoglycaemic therapy is re-instituted and sliding scale discontinued

C. Patients on INSULIN:

1. Long Acting Insulin (Humulin L / Humulin N)
 - ½ the dose at bedtime night before the procedure
 - Eat after the procedure and take full dose of insulin only at bedtime
2. Short acting Insulin (Actrapid / Humulin R)
 - No insulin in the morning of surgery.
 - Once the procedure is completed to take regular dose of insulin and eat.

INSULIN SLIDING SCALE

HGT / GR (mmol/L)	TREATMENT
0 – 3	40cc of 50% dextrose IVI Stat
3 – 10	Nil
10.1 – 12	2 U Actrapid S/C
12.1 – 14	4 U "
14.1 – 16	6 U "
16.4 – 18	8 U "
18.1 – 20	10 U "
>20	10 U and check GR after 30 minutes If still >20, repeat 10 U and call Dr.

NB. Always check the GR 30 minutes after any treatment is given.

HYPOGLYCAEMIA(blood glucose level 2.2 – 2.5 mmol/L or less)

- Signs & Symptoms:

Non-specific- faintness and dizziness, lethargy, sweating, anxiety and tachycardia, disorientation, confusion, convulsion,

- Management:

Administer 40mls of 50% dextrose IVI stat and then inform the Doctor on duty

Review January 2008

