

Post COVID-19 Discharge Insulin De-escalation Guidance for People with Type 2 Diabetes: GP Practice Guidance

COVID-19 infection in people with or without previously recognised diabetes increases the risk of emergency states of hyperglycaemia resulting in an increase in people being discharged on insulin. It is possible that people will be discharged on higher doses of insulin than they would ordinarily take. Initial observations suggest that once recuperating at home, insulin requirements can drop drastically. This guidance has been developed to support GP practices and community teams to manage people with type 2 diabetes who have been discharged on insulin after hospital admission due to COVID-19. Table 1 below gives guidance for prescribers on de-escalation of basal insulin doses based on pre-meal glucose levels.

Choice of insulin and de-escalation advice

Hypoglycaemia prevention post discharge is important. Therefore patients are likely to be discharged on analogue insulins; either once daily Abasaglar® or Lantus®, or twice daily Levemir®. People who were using Humulin® I or Insulatard® pre-COVID-19, will likely be discharged on either Abasaglar®, Lantus®, or Levemir®. This guidance supports basal insulin de-escalation only, where appropriate. It is not suitable for more complex insulin regimes including the use of mixed insulin and basal bolus regimes.

Table 1: insulin de-escalation guidance

Pre-meal glucose	Action to be taken
If three consecutive readings are >13mmol/L	Contact the diabetes team for advice
If three consecutive readings are 6-10mmol/L	Reduce each insulin dose by 30%
If one reading is 4-6mmol/L	Reduce each insulin dose by 50% and contact the diabetes team
If one reading is <4mmol/L	Reduce each insulin dose by 60% and contact the diabetes team

Contact details for local diabetes teams:

Hospital	Contact details (9am-5pm Mon-Fri)
Bromley Healthcare (excluding the Princess Royal University Hospital [PRUH]). Available 9am-4.30pm Mon-Fri.	Nurse of the Day mobile: 07841800791 Email: Bromh.bromleydiabetesservice@nhs.net . For patients requiring face to face review, e.g. insulin start, contact Kings College Hospital (including the PRUH)
Guy's and St Thomas' NHS Foundation Trust	e-mail: gst-tr.diabetesandendocrine@nhs.net Telephone: 020 7188 1993
Kings College Hospital NHS Foundation Trust (including the PRUH)	Access through advice and guidance (where available) Telephone: 0203 299 9000 Bleep 122
Lewisham Hospital	e-mail: lg.Diab-Covid@nhs.net Telephone: 020 3192 6540 or 020 3192 6462
Queen Elizabeth Hospital, Woolwich	Telephone: 0208 836 5264
Queen Mary's Hospital, Sidcup	Telephone: 0208 300 2246

References: The evidence base in this area is still emerging. This document is based on the consensus of local diabetes experts.

This guidance does NOT override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer

Date approved: May 2020

Review date: September 2020 or sooner if evidence/practice changes

South East London Area Prescribing Committee. A partnership between NHS organisations in South East London: South East London Clinical Commissioning Group (covering the Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) and GSTFT/KCH /SLAM/ & Oxleas NHS Foundation Trusts/Lewisham & Greenwich NHS Trust

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