



**Question:** What resources are available to support prescribing for and care of diabetes patients during the COVID-19 pandemic?

**Answer:** There are numerous resources available to aid diabetes prescribing during the COVID-19 pandemic. These are being constantly revised and updated and this document will be regularly reviewed to pull these resources into one source. Whilst best efforts are made to ensure this information is as inclusive as possible it should be recognised that this content is not exhaustive.

**Action:** The following links may be useful when considering how to manage diabetic patients during the COVID-19 pandemic

General patient facing advice is given by Diabetes UK including what to do for someone with coronavirus symptoms (self-isolating). It suggests that self-isolating patients with coronavirus symptoms:

- Follow the advice of their GP practice, practice nurse or diabetes team regarding medication.
- Home blood sugar monitoring (if practiced) may need to be more frequent.
- Should be aware of the signs of a hyperglycaemia, which include passing more urine than normal (especially at night), being very thirsty, headaches, tiredness and lethargy. This is particularly where blood sugar monitoring is not carried out at home Patients should contact their GP practice if they have hyper symptoms.
- For type 1 diabetics, blood sugar should be checked at least every four hours, including during the night, and ketones checked. If blood sugar is high (generally 15mmol/l or more, or 13mmol/l if an insulin pump is used, (noting different personal targets may have been set) or if ketones are present, the relevant diabetes team should be contacted.
- If an SGLT2i is taken such as canagliflozin, dapagliflozin, canagliflozin, empagliflozin and ertugliflozin, and the patient becomes unwell, they should stop taking these. A ketone and blood sugar check should take place where possible and they should contact their healthcare team. This is due to the increased risk of developing diabetic ketoacidosis (DKA),

With regarding to 'Shielding' there may be some people with diabetes who need to do this based on other conditions, for example cystic fibrosis-related diabetes. But under current guidance, most people with diabetes do not need to shield. If patients have not been told to shield, then they should follow the standard advice regarding social distancing and staying at home.

The following links contain further information which may be useful.

- Diabetes UK: [https://www.diabetes.org.uk/about\\_us/news/coronavirus](https://www.diabetes.org.uk/about_us/news/coronavirus)
- NHS England COVID-19: NHS Diabetes Prevention Programme: [https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Adaptations-to-the-NHS-Diabetes-Prevention-Programme\\_19-March.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Adaptations-to-the-NHS-Diabetes-Prevention-Programme_19-March.pdf)
- Juvenile Diabetes Research Foundation Ltd (JDRF): <https://jdrf.org.uk/coronavirus-covid-19-information-for-people-living-with-type-1-diabetes/>
- Association of British Clinical Diabetologists (ABCD): <https://abcd.care/coronavirus>

## **Managing Diabetes Medication When Feeling Unwell (Sick Day Rules)**

Patients and clinicians should be advised to follow any local guidance on sick day rules and anti-diabetic medication. The TREND-UK sick-day rules leaflets for type 1 and 2 diabetes have been revised in response to the coronavirus outbreak and are available at: <https://trend-uk.org/resources-to-help-support-nurses-amid-coronavirus-pandemic/>

Two leaflets are available from TREND:

- [Type 1 Diabetes: What to do when you are ill](#)
- [Type 2 Diabetes: What to do when you are ill](#)

It is also important to bear in mind the drug safety update regarding SGLT2 inhibitors in patients with acute serious medical illness which states that:

“SGLT2 inhibitor treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses and ketone levels measured, preferably in blood rather than urine. Treatment may be restarted when the ketone values are normal and the patient's condition has stabilised.”

<https://www.gov.uk/drug-safety-update/sglt2-inhibitors-monitor-ketones-in-blood-during-treatment-interruption-for-surgical-procedures-or-acute-serious-medical-illness>

## **References**

1. L Fang, G Karakiulakis and M Roth. Are patients with hypertension and diabetes mellitus at increased risk for COVID-19 infection? The Lancet. March 11 2020 doi.org/10.1016/S2213-2600(20)30116-8

**Version:** 2.0

Changes to this version:

Removed link to NHSE speciality guide as no longer available

**Date prepared:** 7<sup>th</sup> April 2020, updated 28<sup>th</sup> September 2020

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**Review date:** Ongoing

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