

# DEXAMETHASONE THERAPY IN COVID-19

## GUIDANCE FOR MANAGEMENT OF HYPERGLYCAEMIA IN PATIENTS WITH AND WITHOUT DIABETES

**All patients (no known diabetes),** check daily 4pm CBG  
If 4pm CBG > 12, start monitoring +/- treatment as below

**NO KNOWN  
DIABETES**

Check HbA1c and monitor CBG **4 times per day** using 'insulin chart'  
Withhold **Metformin, SGLT2i** and **GLP-1** during acute illness  
**Target CBG: 6-12 mmol/L (4pm and fasting)**

**DIABETES**

**MONITORING**

If CBG > 12 mmol/L **exclude DKA**

If CBG > 18 mmol/L **start VRIII and refer to Diabetes Team**

**URGENT  
TREATMENT?**

If CBG 12.1-18 mmol/L **follow advice below and on next page**

**TREATMENT**

**NOT ON  
INSULIN**

**ALREADY ON  
INSULIN**

Initial treatment choice (morning Humulin I **or** twice daily Humulin I **or** Gliclazide), dose, and timescale of treatment titration will depend on the following clinical factors:

- CBG values, patterns and rate of deterioration?
- HbA1c (measure of pre-admission glycaemia)?
- Clinical severity of COVID infection?
- eGFR (AKI v CKD)?
- BMI?
- Is patient already on Gliclazide?

**SEE NEXT PAGE FOR POINTS CALCULATOR AND  
TREATMENT RECOMMENDATIONS**

**'Basal  
only'**

**'Basal  
Bolus'**

**'BD  
mix'**

### DISCHARGE PLANNING

- If patient to be discharged on insulin, involve DSN asap
- Give advice to patient on **proactive down-titration** of Insulin and/or Gliclazide
- Ensure appropriate follow-up in place

Ensure long acting Insulin given in **morning** and increase dose by **10-40%** until target CBG reached

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Increase **morning** dose by **10-40%** until target CBG reached

## POINTS CALCULATOR

POINTS	1	2	3
Mean CBGs	12.1 - 14	14.1 - 16	16.1 - 18
HbA1c*	<60	60-80	>80
COVID severity	Mild	Moderate	Severe
eGFR	>60	30-60	<30
BMI	<30	30-35	>35
Already on Gliclazide?	no	≤ 160mg daily	> 160mg daily

**TOTAL POINTS =**

\* HbA1c within last 3/12. If not available, score 1

TOTAL POINTS	TREATMENT RECOMMENDATION:
<b>6</b>	Start morning Gliclazide 80mg. Titrate daily as required (by 80mg increments) to achieve target CBG to maximum of 240mg (morning). If target CBG not achieved move to Insulin (see below)
<b>7-12</b>	Start morning Humulin I at a dose of 0.2 units/kg (eg 16 units for 80kg). Titrate dose daily by 10-40% depending on CBGs. Consider adding evening dose if fasting CBG >12. Use correction doses of Novorapid 3 hrly as required if CBG > 18 (use 10-20% total daily Insulin dose as correction dose). If CBG persistently >18, consider VRIII.
<b>13-18</b>	Start Humulin I at a dose of 0.3 units/kg and give 2/3 in the morning and 1/3 in the evening (eg 16 + 8 units for 80kg). Titrate doses daily by 10-40% depending on CBG values and patterns. Use correction doses of Novorapid 3 hrly as required if CBG > 18 (use 10-20% total daily Insulin dose as correction dose). ). If CBG persistently >18, consider VRIII.

**Target CBG: 6-12 mmol/L (4pm and fasting)**

***Refer to Diabetes Team if not achieving CBG targets using advice above or uncertain how to approach treatment choices using points calculator***



# COVID-19 APPROVED GUIDANCE

## OFFICIAL SENSITIVE

***Note: This guidance has been fast-tracked for approval for use within NHSGGC***

### **Covid-19 Dexamethasone Therapy in Covid-19**

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

<b>Version Number:</b>	2
<b>Does this version include changes to clinical advice:</b>	No
<b>Date Approved:</b>	6 <sup>th</sup> January 2022
<b>Approval Group:</b>	Covid-19 Tactical Group

#### **Important Note:**

The version of this document on the Clinical Guideline Directory is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.