MANAGEMENT OF DIABETES IN THE DYING PHASE

- This is general guidance for use by trained staff in the acute hospital, care services inpatient beds or community setting, which will be appropriate for most patients who are in the dying phase/on the Liverpool Care Pathway for the Dying patient (LCP).
- For deteriorating patients who are still having some diet, a modified regimen may be needed and advice should be sought from specialist palliative care/diabetes team.

Diagnosing Dying

- ALWAYS check capillary blood glucose (BM) in diabetic patients to exclude reversible hypo/hyperglycaemia as cause for deterioration

When reversible causes have been excluded and dying phase confirmed, management will depend upon the type of diabetes mellitus.

Type I Diabetes Mellitus

- Type I diabetics need to continue insulin at the end of life but at a reduced dose
- It is appropriate to monitor BMs in Type I diabetic patients on the LCP
- Maintain previous long acting insulin once daily at 25% previous dose or consider conversion to glargine once daily (contact diabetes/specialist palliative care team for advice on conversion).
- Monitor BM once daily
  - If BM > 15: increase insulin dose by 2 units or 10% units
  - If BM <10: decrease insulin dose by 2 units or 10% units

Type II Diabetes Mellitus

- Type 2 diabetics can discontinue treatment/BM monitoring at the end of life
  This includes patients with type 2 diabetes managed on insulin

ALWAYS CONSIDER SEEKING ADVICE FROM DIABETIC/PALLIATIVE CARE TEAM

Specialist Palliative Medicine:
GRH: 08454 225179  CGH: 08454 223447  Out of Hours bleep: 07659 119458
Diabetes:
GRH: 08454 228606  CGH: 08454 223157 / 223680

References

This document was produced by Dr Cath Blinman and Dr Emma Husbands, Consultants Palliative Medicine GHNHSFT and reviewed and edited by Dr Alison Evans, Consultant Diabetologist, GHNHSFT. It is based on the most common concerns expressed by staff caring for patients at the end of life who have co-existing diabetes.