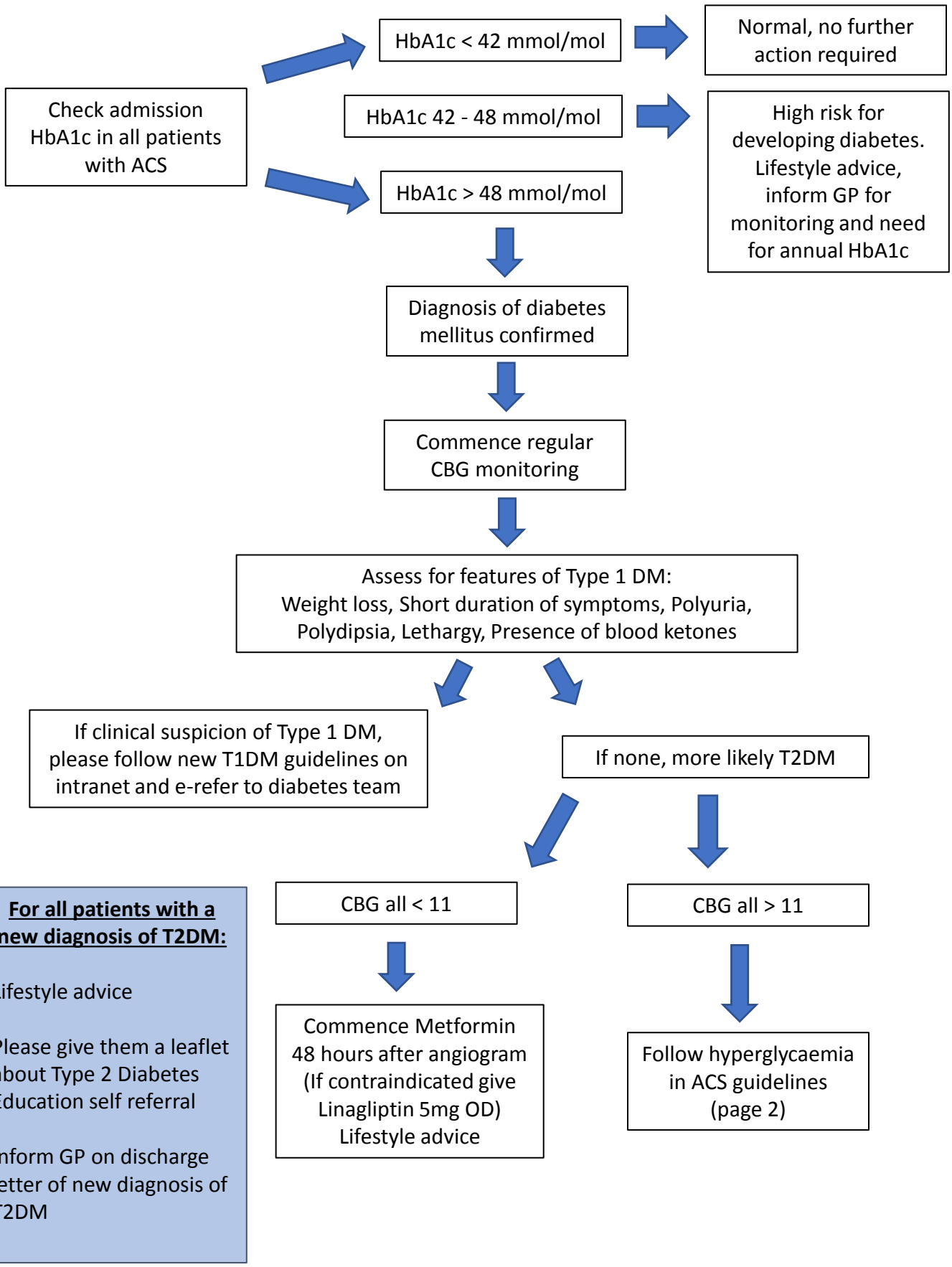
Guideline for testing HbA1c in patients presenting with acute coronary syndrome (ACS)

Jodie Sabin and Sally Thrower December 2019. Due for review: December 2022

Due to the high prevalence of diabetes mellitus (both pre-existing and undiagnosed) in patients with ACS, it is important that diabetes is identified and managed appropriately, to minimise risk of further complications and future coronary disease. All patients presenting with ACS should therefore be screened with an HbA1c on admission.

This guideline covers HbA1c testing in patients previously unknown to have a diagnosis of diabetes mellitus. If the patient has a known diagnosis of diabetes mellitus prior to admission, please follow the 'hyperglycaemia in ACS guidelines' on page 2



<u>For all patients with a new diagnosis of T2DM:</u>

Lifestyle advice

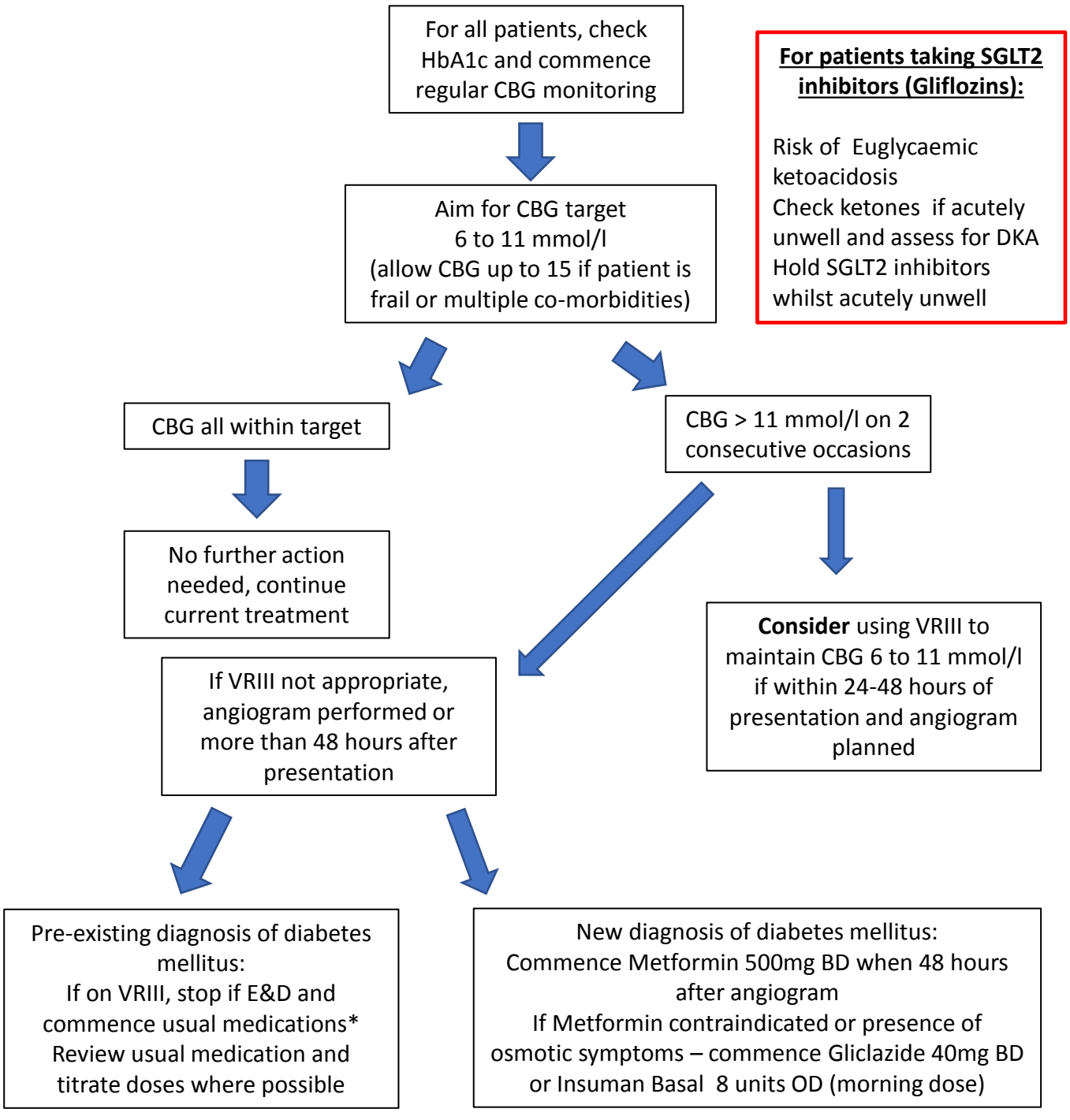
Please give them a leaflet about Type 2 Diabetes Education self referral

Inform GP on discharge letter of new diagnosis of T2DM

Gloucestershire Hospitals NHS Foundation Trust

Hyperglycaemia management in Acute Coronary syndrome

This guideline covers the management of hyperglycaemia in patients with pre-existing or a new diagnosis of diabetes mellitus after presentation with ACS.



For patients taking SGLT2 inhibitors (Gliflozins):

Risk of Euglycaemic ketoacidosis
Check ketones if acutely unwell and assess for DKA
Hold SGLT2 inhibitors whilst acutely unwell

*If receiving long acting insulin or mixed insulin, please ensure these are given as per VRIII protocol before stopping VRIII

Send an e-refer to the diabetes team for:

- Patients with a new diagnosis of diabetes mellitus and clinical suspicion of T1DM
- Patients newly commenced on insulin
- Patients newly commenced on Gliclazide (need for education re. monitoring and hypoglycaemia advice)
- Persistent hyperglycaemia above target ranges
- Recurrent hypoglycaemia (2 or more episodes of CBG < 4)
- Severe hypoglycaemia (any episode of CBG < 3.0)
- Any patients presenting with DKA/HHS
- Any patient receiving treatment with insulin pump therapy

Please see page 3 for information that **must** be included in e-referrals to the enable diabetes team where appropriate to provide advice by email

Interpretation of HbA1c results in patients with established diagnosis of diabetes mellitus

This is intended as a rough guidance only, it is difficult to give precise guidelines for interpreting HbA1c results in hospital as there are multiple influencing factors which need to be considered. Please discuss with the Diabetes team if required

HbA1c < 58 mmol/mol
No changes to management unless patient is having significant hypoglycaemia or at risk from hypoglycaemia (e.g. frail, elderly) – treatment de-escalation may then be needed, e-refer to diabetes team for advice if so

HbA1c 58 – 70 mmol/mol
If CBG are in target whilst in hospital on current regime, no changes required as an inpatient.

The discharge summary should ask the GP to review diabetes long term management (or secondary care if patient has management with hospital team)

If patient is elderly, frail or has multiple co-morbidities, then this may be an acceptable target range for HbA1c and no changes are required

HbA1c > 70 mmol/mol
Review usual diabetes regime and specifically check compliance

If inpatient CBG is persistently elevated outside target range as per protocol, titrate medications where possible and e-refer to diabetes team for advice

If inpatient CBG is persistently within target range, e-refer to diabetes team for advice

The discharge summary must ask the GP to review long term management or arrange secondary care follow up with diabetes team if appropriate

Information that **must** be included in an e-referral to the diabetes team, to allow for email advice in many situations and help the diabetes team manage their workload (incomplete referrals may be returned to the referrer):

- Age
- Reason for admission to hospital
- Reason for referral to the diabetes team
- Co-morbidities
- Type of diabetes and usual follow up (GP or secondary care)
- Current diabetes therapy **with doses**
- CBG results while in hospital
- HbA1c result and date of test