Figure 1 - Algorithm for the last days of life

Discuss changing the approach to diabetes management with individual and/or family if not already explored. If the person remains on insulin ensure the Diabetes Specialist Nurses (DSN) are involved and agree monitoring strategy

Type 2 diabetes
Diet controlled or Metformin treated

Stop monitoring blood glucose

Type 2 diabetes on other tablets and/or insulin/or GLP1 Agonist

Stop tablets and GLP1 injections
Consider stopping insulin if the individual only requires a small dose

If insulin stopped:
- Urinalysis for glucose daily - if over 2+ check capillary blood glucose
- If blood glucose over 20 mmols/l give 6 units rapid acting insulin
- Re-check capillary blood glucose after 2 hours

If insulin to continue:
- Prescribe once daily morning dose of isophane insulin or long acting Insulin Glargine (Lantus) or Insulin Degludec (Tresiba) based on 25% less than total previous daily insulin dose

If patient requires rapid acting insulin more than twice consider daily isophane insulin or an analogue e.g Glargine (Lantus) or Insulin Degludec (Tresiba)

Type 1 diabetes always on insulin

Continue once daily morning dose of Insulin Glargine (Lantus), Insulin Degludec (Tresiba) with reduction in dose

Check blood glucose once a day at teatime:
- If below 8 mmols/l reduce insulin by 10-20%
- If above 20 mmols/l increase insulin by 10-20% to reduce risk of symptoms or ketosis

Key
- Humalog/Novorapid/Apidra
- Humulin I/Insulatard/Insuman Basal/Insulin Degludec/Insulin Glargine

- Keep tests to a minimum. It may be necessary to perform some tests to ensure unpleasant symptoms do not occur due to low or high blood glucose
- It is difficult to identify symptoms due to "hypo" or hyperglycaemia in a dying patient
- If symptoms are observed it could be due to abnormal blood glucose levels
- Test urine or blood for glucose if the patient is symptomatic
- Observe for symptoms in previously insulin treated patient where insulin has been discontinued
- Flash glucose monitoring may be useful in these individuals to avoid finger prick testing