

Patient assessment (ABCDE) and evaluation for diabetes in all patients suspected of COVID-19

Measure blood glucose level in ALL patients.

Glucose < 4 mmol/L

Follow hypoglycaemia guideline.

Glucose ≥ 12 mmol/L or known diabetes

Rule out DKA and HHS

Check serum/urine ketones, pH, bicarbonate, serum osmolality

Glucose > 11 mmol/L*
Serum ketones ≥ 3.0 or urine ketones +2
pH < 7.3 or bicarbonate < 15

*glucose may be normal if on SGLT-2i, in pregnancy, or in severe COVID-19

Follow DKA pathway. Consider alternative COVID/DKA pathway if at risk for fluid overload and "leaky lungs".

Glucose > 30 mmol/L
pH > 7.3
Ketones < 3.0 mmol/L
Serum Osm > 320 mOsm/kg

Follow HHS pathway.

Medication Review:

Stop SGLT-2 inhibitors (cana-/dapa-/empa-/ertugliflozin) in ALL patients.

Stop metformin initially, BUT review with lactate/U&E results and hypoxic status.

Always continue basal insulin (e.g. Levemir, Tresiba, Lantus).

Review GLP-1 receptor agonists (e.g. semaglutide, lixisenatide, liraglutide) and stop if dehydrated or has poor oral intake.

Review the following medications: ACE-i, ARBs, NSAIDs.

Refer to diabetes team if on wearable diabetes technology.**

If within acceptable limits and glucose levels are persistently elevated, consider VRIII and refer to diabetes team.

Note: ketones 1.5-2.9 mmol/L confer a higher risk for DKA. Ensure adequate hydration (PO/IV fluids). Consider rapid-acting insulin with close monitoring of capillary blood glucose (CBG).

**** For patients on wearable diabetes technology.**

If unable to manage their own pump, remove pump and store safely. Start VRIII or SC insulin according to clinical need.

Continuous glucose monitors (CGM) and Freestyle Libre can be used, but CBG monitoring is still necessary.

Foot care:

Always review the feet as it could be the source of sepsis. Ensure feet are intact and protected.

Always involve the diabetes team as soon as possible.