

## Management of blood glucose levels over 14mmol/l for children and young people with Type 1 diabetes

1



Give usual correction dose of insulin, then



Wait 1 hour, then go to step 2

2



BG still **more** than 14mmol/l



Check blood ketones, then go to step 3



BG now **less** than 14mmol/l



Give usual correction dose every 2 hours if required, then go to step 4

3



**Acceptable ketone levels (less than 0.6mmol/l)**

Give usual correction dose every 2 hours if required, then go to step 4

**High ketone levels** (above 1.5mmol/l)   **Moderate ketone levels** (0.6 - 1.5mmol/l)



Give **double** the usual correction dose of insulin

**Pump Users:** Use pen injection, change set & cannula. If pump allows, dial this dose into the pump and 'waste' it



Wait 2 hours, then



Repeat BG and blood ketones check

Ketones still **above** 0.6mmol/l

Ketones now **less than** 0.6mmol/l

**Ketone levels not reducing, contact a healthcare professional urgently**



Ketone levels reducing



Give **double correction** every 2 hours until blood ketones below 0.6mmol/l, go to step 4



Give usual correction dose every 2 hours if required, go to step 4



If child is ill, refer to **SICK DAY MANAGEMENT**



Keep well-hydrated. Drink plenty of sugar-free fluids



**Pump users:** Check for occlusions or disconnections

4

If BG levels remain high and ketone levels less than 0.6mmol/l, consider:

**Expert Meter:** Stress Illness setting +20 to 25%

**Pumps:** Temporary basal setting +30 to 50%

If no improvement, make contact with a healthcare professional

HI

If BG reading '**HI**' on meter, assume BG level is 30mmol/l



### CONTACT DETAILS

Mon-Fri 9am—5pm: **Paediatric diabetes team office** 01225 825331 | Out-of-hours: **Paediatric registrar on-call** via the RUH Switchboard: 01225 428331

**In an emergency you may need to call an ambulance e.g. if acute signs of DKA**