



**ndss**

National Diabetes Services Scheme

An Australian Government Initiative

# Diabetes in hospital

**Caring for yourself while in hospital:  
A guide for people with diabetes**

**NDSS Helpline 1800 637 700**  
**[ndss.com.au](http://ndss.com.au)**

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 **diabetes  
australia**

The NDSS is administered by Diabetes Australia

### Why is the care of diabetes in hospital important?

Regardless of the reason for your admission to hospital, it is important that your diabetes is well managed. Always let your nurses and treating doctors know that you have diabetes.

Managing your blood glucose levels (BGLs) before, during, and after your stay in hospital will help to ensure that you are able to return to or improve your usual level of health as soon as possible.

During times of illness it can become more difficult to manage your diabetes.

It is common for BGLs to become higher than usual in hospital for people with diabetes and even for those without diabetes. If BGLs are high, blood ketones may also need to be measured and managed as this can lead to diabetes ketoacidosis. Sometimes people experience lower BGLs in hospital because they are eating less. People with diabetes often experience an increased risk of infection and slower wound healing which may affect them while in hospital.

Changes that can occur while in hospital include:

- high or low blood glucose levels
- the need to test your BGLs more often
- an increase or change in your diabetes medication, including possibility of requiring insulin
- involvement of a specialist diabetes team in your care.

### Blood glucose testing in hospital

- Hospital staff may need to check your BGLs more often, and at different times according to hospital protocols.
- The standard times that BGLs are checked just before meals, and/or 2 hours after meals, before bed and sometimes, during the night.
- The target range for BGLs in hospital may be different to what you are used to in the community and will depend on your reason for admission to hospital. Your target range will be determined by the endocrinologist treating you in hospital.
- If you use continuous glucose monitoring (CGM) and flash glucose monitoring (Flash GM) while at home, you may continue to wear it while in hospital, however you need to discuss this with your treating doctor.
- While in hospital, it is recommended to avoid BGLs less than 4 mmol/L. This is hypoglycaemia (also known as a hypo, or low blood glucose). Symptoms of a hypo may include feeling hungry, sweaty, shaky, confused or dizzy. It is important to tell a nurse if you have these symptoms. A severe untreated hypo can lead to loss of consciousness or seizures.

### Treatment to expect in hospital

If your BGLs are consistently above the target, then extra medication may be needed. This may include extra medication such as tablets, insulin or non-insulin injections. Many people need insulin when they are ill, even if they did not need it at home. Sometimes extra insulin injections may also be given if your glucose levels are very high, particularly if blood ketones are also elevated to avoid diabetes ketoacidosis.





- As you get better the insulin injections can often be reduced or stopped if you did not need them before coming to hospital. Sometimes the extra insulin, or other new diabetes medications, may need to be continued.
- If you are fasting (having no food or drink) then you may need to have the insulin and glucose you require through an intravenous infusion or 'IV' (often called an 'insulin drip'). If you are on an insulin 'drip' you will need to have your BGLs checked more often-usually every hour. You might also need an insulin infusion given with glucose if you are unable to eat for prolonged periods.

Generally, if you use continuous subcutaneous insulin infusions (CSII) or insulin pumps while at

home, you can continue this while in hospital as long as you can do it safely. It is important to discuss this with your treating doctor.

### After discharge:

It is important to continue good management of your diabetes at home in order to prevent diabetes-related complications, and to maintain your health.

If you wish to receive further advice about managing your diabetes, you can ask your nurse to arrange for a credentialed diabetes educator (CDE) to see you while you are in hospital, or after you go home.

Diabetes Australia and the NDSS have information for people with diabetes and their families.

**Go to [ndss.com.au](https://ndss.com.au) or call the NDSS Helpline on 1800 637 700.**

### Acknowledgment:

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### Disclaimer:

This information is intended as a guide only. It should not replace individual medical advice and if you have any concerns about your health or further questions, you should contact your health professional.

Diabetes Australia believes that the information contained in this education resource was accurate and reliable at the time of publication. The websites quoted in the resource were accessible at the time of publication.

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**For more information: talk to the doctors or nurses looking after you, your general practitioner, diabetes educator, or endocrinologist.**



Australian Diabetes Society is a National Health Professional Body Agent for the NDSS.



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