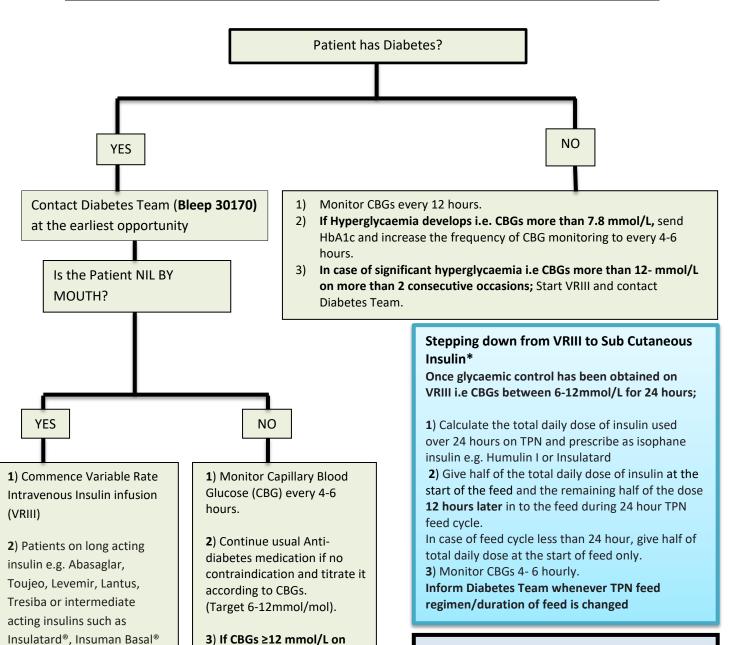


Management of Hyperglycaemia in Total Parenteral Nutrition(TPN)



Prevention of Hypoglycaemia if the TPN is discontinued for any reason;

- 1) Discontinue VRIII
- Monitor blood glucose <u>ONE hourly</u> until TPN reinstated
- 3) Secure IV line and **consider 10 % IV Dextrose** to prevent hypoglycaemia
- Consider reducing next dose of long or intermediate acting insulin (if used)

If TPN is delayed for >12 hours; restart VRIII.

If Hypoglycaemia develops, treat as per
Hypoglycaemia Protocol.

continue these in addition to

or Humulin I® should

essential glucose and electrolytes required in a 24 hour period).

However, if patient is fluid depleted, it may be considered*.

more than two occasions and/or oral diabetes medication not suitable, consider adding Intermediate acting Insulin such as Humulin I or Insulatard at the start of feed and / or 12 hours into the feed.

the VRIII.

3) IV fluids are not usually required. (TPN provides essential glucose and



Trust Guidelines



Guidance Title: Management of Hyperglycaemia in Total Parenteral Nutrition (TPN)

Issue Date		Version
Nov 2019		1.1
Accountabilities		
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Reviewed by (Group)	Diabetes MDT	
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Links to other documents

TPN guidelines

Version History

1	Nov 2017	Guideline created
1.1	Nov 2019	Change to author

Last Approval	Due for Review
Nov 2019	Nov 2021

^{*}The use of variable rate intravenous Insulin infusion (VRIII) in medical inpatients; Joint British Diabetes Societies for Inpatient care (JBDS-IP), October 2014; 27-28