For more detailed information please refer to Australian Diabetes Society Peri-Operative Diabetes Management Guidelines

INSULIN REQUIRING				
	Pre-op	**Intra-Op**	**Post-op**	**Other**
MORNING LIST		**Should be first case on a.m. list**		
Major surgery (overnight stay) See page 11 & 25	Maintain usual insulin doses on the day before surgery and fast from midnight On the day of surgery, omit usual morning insulin and oral AHG. Check BGL on arrival and prior to IV insertion Commence insulin-glucose infusion prior to being anaesthetised OR by 1000hrs at the latest. Insulin pumps to be discontinued when IV insulin infusion commences	Hourly BGL monitoring during procedure Titrate insulin infusion per orders/regime	Titrate insulin infusion per orders/regime Check BGL hourly in recovery and on ward Restart Metformin after 24 hours if haemodynamically stable and serum creatinine normal post-op** Continue the insulin-glucose infusion for at least 24 hours post-op AND until the patient has resumed adequate oral intake	
Minor surgery (day case) See page 11,12 & 25	Delay usual morning dose of insulin **provided procedure is completed and patient is ready to eat by 1000hrs** For later procedures, omit morning dose of rapid-acting insulin; give half dose of long-acting insulin Insulin pumps can continue at a basal rate * Consider IV access pre-op Monitor BGL hourly. Give IV glucose if BGL < 4.0mmol/L	Hourly BGL monitoring during procedure Consider insulin-glucose infusion if BGL > 10mmol/L or erratic; procedure is delayed, prolonged or complicated	Check BGL on arrival in recovery and hourly in post-op ward Patient can have a late breakfast after the usual dose of insulin is given when able to eat by 1000hrs For patients who are well enough to eat lunch, half of the usual dose of rapid-acting insulin to be administered with lunch Resume usual regime of diet and insulin in the evening	

INSULIN REQUIRING				
	Pre-op	**Intra-Op**	**Post-op**	**Other**
AFTERNOON LIST				
Major surgery (overnight stay) See page 12,13 & 26	Maintain usual insulin doses on the day before surgery Give a reduced dose of insulin (half dose) before early breakfast and omit oral AHG's Fast 0600 Patients should arrive by 0900 with 2 hourly BGL monitoring in the pre-op ward Commence insulin-glucose infusion prior to anaesthetic being commenced	Hourly BGL monitoring during procedure Titrate insulin infusion per orders	Check BGL hourly in recovery and on ward Continue the insulin-glucose infusion for at least 24 hours post-op AND until the patient has resumed adequate oral intake· Re-start subcutaneous insulin/AHG when tolerating usual diet	
Minor surgery (day case) See page 13, 26	Maintain usual insulin doses on the day before surgery Give a reduced dose of insulin (half dose) before early breakfast and omit oral AHG's Insulin pumps can continue at a basal rate May need insulin-glucose infusion if hyperglycaemic (> 10mmol/L)	Hourly BGL monitoring during procedure	Check BGL hourly in recovery and on ward Overnight admission may be necessary if unable to resume regular diet or BGL's are unstable Usual evening dose of subcutaneous insulin can be recommenced if able to resume usual diet	

NON-INSULIN REQUIRING				
	Pre-op	**Intra-Op**	**Post-op**	**Other**
Diet alone	No specific therapy required Measure BGL within 1 hour of procedure commencing	Hourly BGL monitoring during procedure	Monitor BGL on arrival in recovery then 4-6 hourly until normal diet resumed	If BGL elevated, may require insulin-glucose infusion until normal diet resumed
Oral AHG medication: **Major surgery (overnight stay)** See page 15	Take usual AHG medication on the day before surgery Omit all AHG medication on the day of surgery Monitor BGL hourly Commence insulin-glucose infusion if BGL > 10mmol/L or erratic; if surgery prolonged and complicated or if the person is usually treated with more than one oral AHG agent	Hourly BGL monitoring during procedure Titrate insulin infusion (if being used)	Monitor BGL on arrival in recovery then 4-6 hourly until normal diet resumed Restart AHG medication when able to resume normal meals - special considerations for Metformin ** May require CHSA subcutaneous insulin protocol for a period of time	
Minor surgery (day case) See page 15	Take usual AHG on the day before surgery Omit AHG medication on the day of surgery Measure BGL within 1 hour of procedure	Hourly BGL monitoring during procedure	Monitor BGL on arrival in recovery then 4-6 hourly until normal diet resumed Restart AHG medication when able to resume normal meals	

Bowel preparation - all people with diabetes				
	Pre-op	**Intra-Op**	**Post-op**	**Other**
See page 17 & 27	See peri-operative diabetes management guidelines (pg 27) **for specific insulin dosing information**. In summary - stop or halve dose(s) of short acting insulin in morning & meal times; intermediate and long acting insulins can generally remain the same or slightly reduced 2 hourly BGL monitoring Add extra glucose if BGL < 5mmol/L Avoid diet drinks/jelly unless BGL > 10mmol/L Consider admitting patients with unstable glycaemic control to hospital during the 'clear fluids' period of preparation Insulin-glucose infusion may be required	Hourly BGL monitoring during procedure	Check BGL on arrival in recovery and prior to discharge Recommence usual diabetes regime when patient able to resume normal diet	

* As per "CHSA Insulin Pumps in Hospital" guide

** For major surgery, Metformin should be stopped on the day of surgery and recommenced if serum creatinine level does not deteriorate post-operatively. Given that prolonged omission of Metformin will result in deterioration of glycaemic control, it seems reasonable to recommend ceasing Metformin on the day of major surgery, and resuming this 24 hours post-operatively, providing that the serum creatinine level has not risen significantly. Glycaemic control can be maintained with an I-G infusion until Metformin is resumed or alternative therapy commenced.