DAY OF SURGERY CHECKLIST

Perioperative pathway for patients with diabetes undergoing surgery or procedures that require a period of starvation (fasting)

PECOS Code

NHS Highland

Date: **Time:**

Consultant Surgeon/Physician:

Consultant Anaesthetist:

Patient Label

Insulin and non-insulin treated diabetes

Has the patient had U&Es and FBC performed within 6 weeks? YES / NO **NO = Check on admission**

Is the patient on the operating list as early as possible? YES / NO *(Aim: no more than one meal missed)*

Has METFORMIN been withheld day of surgery? NA / YES / NO **NO = inform the Surgeon and Anaesthetist**

When did the patient last **EAT** ..... **DRINK** .....

Signature: .....

Insulin treated diabetes ONLY

Please record usual insulin doses below:

Insulin name	Before breakfast (units)	Before lunch (units)	Before evening meal (units)	Before bed (units)	Other time- please specify with units administered
Usual insulin regime and doses					
Evening before surgery – document any insulin and dose taken from teatime onwards					
Day of surgery – document any insulin and dose taken					

Has long-acting insulin* been reduced to 80% of usual dose prior to surgery as per guidance?**

YES/NO/NA NO=Inform Consultant Anaesthetist

Has pre-mixed insulin* been reduced to 50% of usual dose on the morning of surgery as per guidance?**

YES/NO/NA NO = Inform Consultant Anaesthetist

*Please refer to TAM – Inpatient Diabetes Guidelines – Examples of commonly used insulin preparations and regimens

**Please refer to TAM - Inpatient Diabetes Guidelines – Peri-operative adjustment of insulin (advice for healthcare professionals)

Insulin prescribed on insulin prescription chart? YES / NO **NO = Inform FY1 / NP**

Signature : .....

Insulin and non-insulin treated diabetes

Withhold all other insulin, oral hypoglycaemic agents and non–insulin injectables until oral intake resumed.

Withhold METFORMIN until 48 hours post op

Refer to TAM Inpatient Diabetes Guidelines for full details of peri-operative adjustment of non-insulin diabetes medication

Check Capillary Blood Glucose (CBG) at earliest opportunity on day of procedure

CBG < 11.0mmol/l → recheck CBG hourly until patient goes to theatre and then recheck at theatre reception

CBG 11.0 – 14.9 mmol/l → repeat CBG in one hour. If remains ≥ 11.0mmol/l, **commence VRIII.**
If <11.0mmol/l, recheck hourly until patient goes to theatre and then recheck at theatre reception.

CBG ≥ 15mmol/l → **commence VRIII**

**VRIII = Variable Rate Intravenous Insulin Infusion – please refer to VRIII Protocol and Prescription/Monitoring Chart*

All individuals at risk of metabolic decomposition e.g. vomiting, sepsis, should be discussed with medical staff as VRIII may be appropriate

Time												
CBG (mmol/l)												
Initials												

Medical illustration 2019-00172. Jan 2020