FeSS Sugar Protocol

The QASC Sugar Protocol consists of monitoring the patient’s blood glucose levels for the first 72 hours following admission to the stroke unit, and the prompt treatment of a blood glucose level > 10mmols/L in the first 48 hours.

The QASC sugar protocol shown here has been modified slightly in response to feedback from participating sites, and to concord with the incoming Australian Diabetes Society Guidelines for routine glucose control in hospital.

This protocol was used in conjunction with the other FeSS protocols and the FeSS implementation strategies and not as a stand-alone protocol.
FeSS Sugar Protocol

Initial fingerprick Blood Glucose Level (BGL) on admission to stroke unit
NB: ^ all BGL readings given in mmol/L

All type 1 diabetes patients unable to swallow should follow the red box

Formal venous glucose & HBA1c required on admission to hospital. If this was not done in the Emergency Department it should be done on admission to the Stroke Unit. If fingerprick BGL on admission to stroke unit >10, formal glucose should be repeated.

T=0 hr

BGL ≤10

Non-diabetic

Fasting & after meals fingerprick BGL testing. If not eating test BGL 6 hourly

BGL >10

Known Diabetes

Before & after meals & bedtime fingerprick BGL testing. Continue routine diabetes medication if eating. Cease usual diabetes medications if not eating and test BGL 4-6 hourly

Insulin/glucose infusion for first 48 hours, with hourly BGLs (reduce to q2h if stable for 4 hours). Suspend oral diabetic medications. Titrate insulin to maintain BGL 5–10 or as per local titration algorithm

After 48 hours cease infusion if patient stable and tolerating oral intake. Resume usual diabetic medications including insulin. Continue before & after meals & bedtime fingerprick BGL testing

T=48 hrs

No further treatment

Any BGL >10 in first 48 hrs go back to red boxes

T=72 hrs

BGL ≤10

Known Diabetes

Continue before & after meals & bedtime fingerprick BGL testing

BGL >10

Not previously known to be diabetic

Seek Endocrinology team advice re further management

Usual management

Any BGL >10 in first 48 hrs go back to red boxes

Not previously known to be diabetic

Developed for use in the Quality in Acute Stroke Care (QASC) Trial (www.acu.edu.au/QASC) and used with permission of Australian Catholic University. All rights reserved.