

NI Guidance for the Management of Diabetes in Adults During the Last Days of Life



Discuss changing the approach to diabetes management with individual and/or family if not already explored. Ensure the Diabetes Specialist Team and GP (as appropriate) are involved and agree monitoring strategy

Type 2 Diabetes

Diet controlled or Metformin only treatment



Stop metformin
Stop monitoring blood glucose

Monitoring Advice - all types of Diabetes

- The frequency and need for blood glucose monitoring at this stage of illness depends on many factors, including care setting, previous monitoring results, diabetic medication regime and immediate prognosis
- If monitoring advice is not stated, consider the factors above when deciding on appropriate monitoring
- * Examples of GLP1 Receptor Agonists, see next page
- ** Table of common insulins, see next page

Type 2 Diabetes

On other tablets and/or insulin/or GLP1 Receptor Agonists*



Stop tablets and GLP1 Receptor Agonist medications*
Consider stopping insulin if the individual only requires a small dose (less than 10 units or 0.1units/kg) and the blood glucose readings are less than 10mmol/L.

Check blood glucose daily for two consecutive days and then review



If insulin stopped:

- If blood glucose over 20mmol/L give 6 units rapid acting insulin**
- Re-check blood glucose after 2 – 4 hours or when practically possible



If patient requires rapid-acting insulin more than twice in 48 hours

- Consider once daily dose of intermediate or long-acting insulin**
- Suggested recommended starting dose is 10 units or 0.1units/kg



If insulin to continue:

- Prescribe once daily dose of intermediate or long-acting insulin** based on 25% less than total previous daily long acting insulin dose
- Example if on Lantus[®] 20 units once daily, reduce to 15 units once daily





Continue once daily dose of long acting insulin** based on 25% less than total previous daily long acting insulin dose Example – if on Lantus® 20 units once daily, reduce to 15 units once daily



Check blood glucose daily prior to administration of intermediate or longacting insulin:

- If below 8mmol/L reduce insulin by 10-20%
 - Example if on Lantus[®] 20 units once daily, reduce to between 16 units to 18 units once daily
- If above 20mmol/L increase insulin by 10-20% to reduce risk of symptoms or ketosis
 - Example if on Lantus® 20 units once daily, increase to between 22 units to 24 units once daily

Important information

- Aim for glucose readings of 6 15mmol/L
- Avoid using a sliding insulin scale as these require frequent blood glucose monitoring
- · Keep tests to a minimum. It may be necessary to perform some tests to ensure unpleasant symptoms do not occur due to low or high glucose
- It is difficult to identify symptoms due to "hypo" or hyperglycaemia in a dying person
- · If symptoms are observed it could be due to abnormal blood glucose levels
- Test blood for glucose if the person is symptomatic
- Observe for hyperglycaemic symptoms such as thirst, clinical dehydration and increased urine output in previously insulin treated individuals where insulin has been discontinued
- Corticosteroids such as dexamethasone can contribute to hyperglycaemia and patients may require closer monitoring
- · Continuous glucose monitoring (CGM) systems may be useful to avoid finger testing

* Examples of GLP1 Receptor Agonists

Diavic® (liraglutide), Bydureon® (exenatide), Trulicity® (dulaglutide), Ozempic® & Rybelsus® (semaglutide) Mounjaro® (Tirzepatide) Note: combination products continue as long acting insulin only.

- Xultophy® (Liraglutide and insulin degludec)
- Suliqua® (Lixisenatide with insulin glargine)

**Table of Common Insulin Preparations

Rapid acting	Short acting	Intermediate Isophane	Long acting (analogue)	Biphasic	Biphasic Isophane
Apidra [®]	Actrapid®	Humulin I®	Abasaglar®	Humalog® Mix 25	Humulin® M3
Humalog® 100	Humulin S®		Lantus®	Humalog® Mix 50	
Humalog® 200			Levemir®	NovoMix® 30	
NovoRapid®			Toujeo®		
Fiasp [®]			Tresiba®100		
Lyumjev®			Tresiba®200		

All insulins should be prescribed by **BRAND NAME**

Northern Ireland Formulary, available at https://niformulary.hscni.net/

Adapted from Trend Diabetes End of Life Guidance for Diabetes Care (2024) available at https://trenddiabetes.online/ (registration required) Developed by the NI Palliative Care in Partnership Clinical Engagement Group, in collaboration with Diabetes specialists Guidance completed June 2025. Review date June 2028.

These recommendations are a GUIDE and should be used as such. They may differ from other recommendations but have been chosen to reflect expert opinion, best evidence, safety and local practice in NI. Responsibility for the use of these recommendations lies with the health care professional(s) managing each patient.