

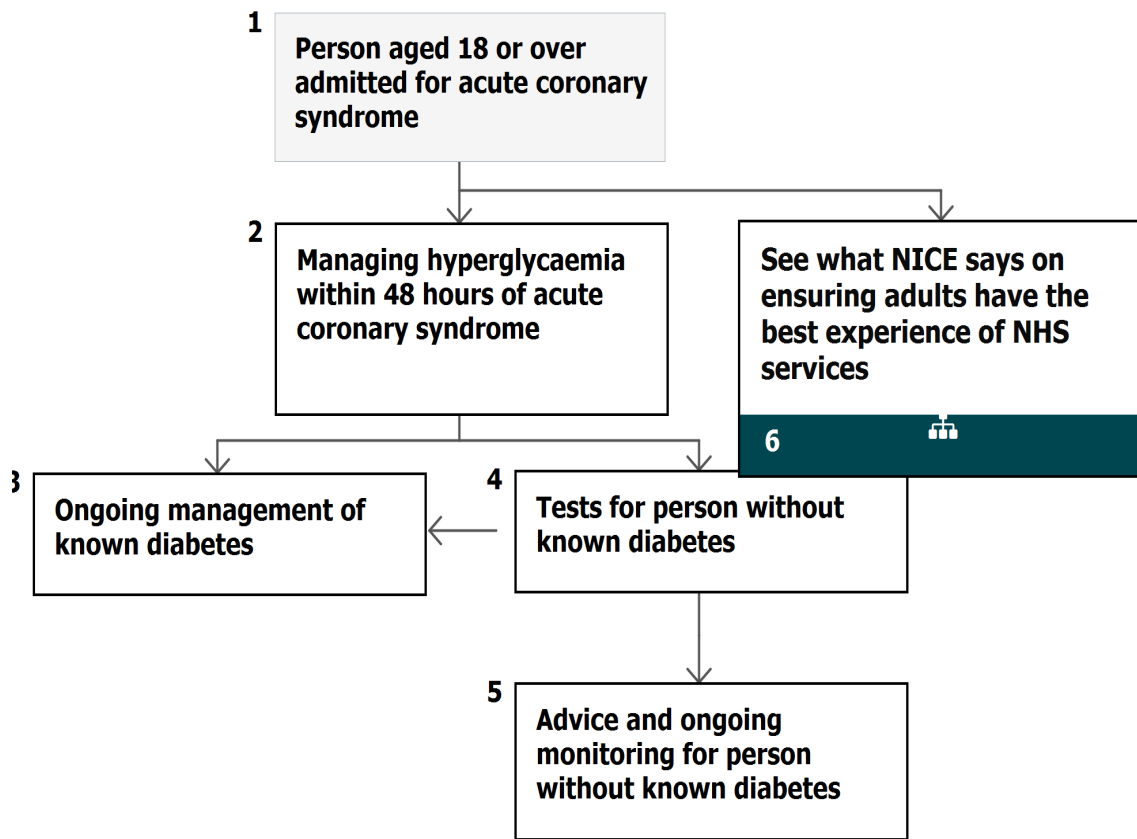
# Hyperglycaemia in acute coronary syndromes overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/hyperglycaemia-in-acute-coronary-syndromes>  
NICE Pathway last updated: 27 March 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Person aged 18 or over admitted for acute coronary syndrome

No additional information

## 2 Managing hyperglycaemia within 48 hours of acute coronary syndrome

Manage hyperglycaemia in patients admitted to hospital for an acute coronary syndrome by keeping blood glucose levels below 11.0 mmol/litre while avoiding hypoglycaemia. In the first instance, consider a dose-adjusted insulin infusion with regular monitoring of blood glucose levels.

Do not routinely offer intensive insulin therapy (an intravenous infusion of insulin and glucose with or without potassium) to manage hyperglycaemia (blood glucose above 11.0 mmol/litre) in patients admitted to hospital for an acute coronary syndrome unless clinically indicated.

## 3 Ongoing management of known diabetes

For information on ongoing management of known diabetes, see what NICE says on [diabetes](#).

## 4 Tests for person without known diabetes

Offer all patients with hyperglycaemia after acute coronary syndromes and without known diabetes tests for:

- HbA<sub>1c</sub> levels before discharge and
- fasting blood glucose levels no earlier than 4 days after the onset of acute coronary syndromes.

These tests should not delay discharge.

Do not routinely offer oral glucose tolerance tests to patients with hyperglycaemia after acute coronary syndromes and without known diabetes if HbA<sub>1c</sub> and fasting blood glucose levels are within the normal range.

## 5 Advice and ongoing monitoring for person without known diabetes

Offer patients with hyperglycaemia after acute coronary syndromes and without known diabetes lifestyle advice on the following:

- healthy eating in line with what NICE says on diet in its recommendations on [obesity](#) and [myocardial infarction: rehabilitation and preventing further cardiovascular disease](#)
- physical exercise in line with what NICE says on [physical activity](#) and [walking and cycling](#)
- weight management in line with what NICE says on [maintaining a healthy weight and preventing excess weight gain](#) for people with obesity
- smoking cessation in line with [stop smoking interventions and services](#)
- alcohol consumption in line with what NICE says on [safe alcohol consumption](#) for myocardial infarction: rehabilitation and preventing further cardiovascular disease.

Advise patients without known diabetes that if they have had hyperglycaemia after an acute coronary syndrome they:

- are at increased risk of developing type 2 diabetes
- should consult their GP if they experience the following symptoms:
  - frequent urination
  - excessive thirst
  - weight loss
  - fatigue
- should be offered tests for diabetes at least annually.

Inform GPs that they should offer at least annual monitoring of HbA<sub>1c</sub> and fasting blood glucose levels to people without known diabetes who have had hyperglycaemia after an acute coronary syndrome.

## 6 See what NICE says on ensuring adults have the best experience of NHS services

[See Patient experience in adult NHS services](#)

## Hyperglycaemia

a blood glucose level above 11 mmol/litre

## Intensive insulin therapy

an intravenous infusion of insulin and glucose with or without potassium

## Sources

[Hyperglycaemia in acute coronary syndromes: management](#) (2011) NICE guideline CG130

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should [assess and reduce the environmental impact of implementing NICE recommendations](#) wherever possible.

## Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.