QASC 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 > 10mmol/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 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.
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.

**QASC Sugar Protocol**

**Initial fingerprick Blood Glucose Level (BGL) on admission to stroke unit**

**NB:** all BGL readings given in mmol/L

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**BGL ≤10**

- **Non-diabetic**
  - Fasting & after meals fingerprick BGL testing. If not eating test BGL 6 hourly

- **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
  - If any BGL >10 in first 48 hrs go back to red boxes

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**BGL >10**

- 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

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**T=0 hr**

**T=48 hrs**

**T=72 hrs**

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