People with COVID-19 infection appear to have a greater risk of hyperglycaemia and ketosis with or without a known diagnosis of diabetes.

COVID-19 disease precipitates atypical presentations of diabetes emergencies (e.g. mixed DKA and hyperosmolar states).

- Blood glucose should be checked in everyone on admission plus a blood ketone check in those with known diabetes and everyone with a glucose over 12mmol/l
- **When admitting people with diabetes** with suspected or confirmed COVID-19 to hospital, **please STOP metformin and SGLT2 inhibitors (flozins)** and review the safety of continuing other oral hypoglycaemic agents.

This is based on **Concise Advice on Inpatient Diabetes during COVID19 - Front door guidance** from The Association of British Clinical Diabetologists, which can be found using this link: [https://bit.ly/CovidDiabetesED](https://bit.ly/CovidDiabetesED)

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