NHS Oxfordshire Clinical Commissioning Group

Oxford Health NHS Foundation Trust

SGLT2 Inhibitor Therapy Checklist (Empagliflozin and Dapagliflozin)

NB: Empagliflozin and Dapagliflozin are first line. If initiating a different SGLT2 inhibitor, consider seeking advice from a diabetes specialist (i.e. OCDEM or Community Diabetes Team).
If you have any concerns, please contact the specialist diabetes team on diabetesdialogue@nhs.net. In the event of an emergency out of hours, please contact the on call diabetes SpR via the JR switchboard.

Date seen:	
Patient name: **NHS number:**	**GP name:**

Contraindications:

- Type 1 Diabetes
- Pregnancy and breastfeeding
- Previous DKA on SLGT2i
- eGFR less than 60ml/min
- Over 85 years old
- Lactose intolerant (excipient)
- Severe hepatic impairment
- STOP if acutely unwell or major pre-operative procedure
- SEEK SPECIALIST advice with extreme diets (e.g. VLCD, pre-op bariatric, Atkins)

Cautions:

- Volume depletion: risk of hypotension (>75 yrs)
- Review anti-hypertensives
- Loop / thiazide diuretics (increased diuretic effect from SGLT2i)
- If patient on insulin, consider adjusting dose or seek specialist advice
- Review use if complicated or recurrent UTI's

DKA Risk Assessment

At risk if not enough insulin or increased demand for insulin

- Any history of ketone production
- History of pancreatitis
- Increased insulin requirements (acutely unwell, surgery)
- Restricted food / dietary intake
- Reduced insulin doses

If patient is at risk of DKA, seek specialist advice or consider alternative option.

Screening Criteria:

- eGFR (within last 2 months)_____

Only start if 60ml/min or more
STOP if eGFR persistently below 45 ml/min

Insulin Adjustment

- Starting SGLT2 inhibitors in patients already on insulin presents specific risks such as euglycaemic ketoacidosis and hypoglycaemia.
- On starting an SGLT2 inhibitor, insulin doses are often reduced to avoid hypoglycaemia. However, significant reduction in insulin doses can lead to an increased risk of DKA (if patient is not producing enough of their own insulin).
- Only start SGLT2 inhibitors on patients on insulin if you are confident and competent to do so. If you would like to improve your confidence in starting SGLT2 inhibitors in patients on insulin, please contact the specialist diabetes team.
- **If you are unsure about how much to decrease (or subsequently increase) doses in particular patients, please contact specialist diabetes team.**

Patient Advice / Warnings:

	Yes	No
Patient warned of risk of DKA and given patient leaflet **(Rare)**	☐	☐
Instructions given to seek prompt advice if experiencing abdominal pain, nausea, vomiting, breathing difficulties, confusion	☐	☐
STOP SGLT2i 72 hrs before surgery and restart 7 days after discharge	☐	☐
STOP SGLT2i if unwell	☐	☐

Checklist continues overleaf

	Patient warned of risk of genital thrush and UTI, and is aware of what actions to take. **(Common)**	☐	☐
	Reduced BP / volume depletion risk **(Uncommon)**	☐	☐
	Discussed polyuria (consider incontinence issues) **(Common)**		☐
	If Fournier's gangrene is suspected, stop the SGLT2 inhibitor and start treatment urgently	☐	☐
	Canagliflozin may increase the risk of lower-limb amputation. Evidence does not show an increased risk for the others, but the risk may be a class effect. Preventive foot care is important for all patients with diabetes.	☐	☐

Monitoring therapy:

	Baseline	**6-8 weeks**	**6 months:**
Date:			
HbA1c			
Weight (kg)			
BMI (kg/m2)			
eGFR (ml/min/1.73m^2) - STOP if eGFR persistently below 45 ml/min			
Blood Pressure			
Tolerability			

PATIENT INFORMATION LEAFLET and LETTER TO PRIMARY CARE COLLEAGUES:
http://www.oxfordshireccg.nhs.uk/professional-resources/clinical-guidelines/sglt2i-safety-alert-resources/32766