Diabetes Care In The Hospital

Hospital Standards of Care for Persons with Diabetes Mellitus

- **1. Perform an A1c test on all patients with diabetes or hyperglycemia (blood glucose > 140 mg/dL) admitted to the hospital.**
- **2. Insulin should be administered using validated written or computerized protocols (CPOE) that allow for predefined adjustments in the insulin dosage based on blood glucose fluctuations.**
- ***Initial orders should state the Type of Diabetes Mellitus.***
- ***The medication record should include preadmission diabetes meds and doses.***

WELL-AHEAD
Project ECHO

Glucose Targets in Hospital Patients

- **1. Insulin therapy should be initiated for persistent hyperglycemia starting at a threshold > 180 mg/dl.**
- **2. Once insulin therapy is started, a target glucose range of 140-180 mg/dl is recommended for the majority of both critically and non-critically ill patients.**
- ***Glucose concentrations between 80-120 mg/dL are associated with increased mortality compared to glucose concentrations between 140-180 mg/dL.***

WELL-AHEAD
Project ECHO®

Glucose Lowering Treatment in Hospital Patients

- **1. Intravenous insulin infusion treatment is preferred in critically ill patients.**
- **2. Basal insulin or a basal plus bolus correction insulin is the preferred treatment for noncritically ill hospitalized patients with poor oral intake or nothing by mouth.**
- **3. Basal insulin plus prandial insulin plus correction scale insulin is the preferred treatment for noncritically ill patients with good nutritional intake.**
- ***Use of only a sliding scale insulin regimen in hospitalized patients is strongly discouraged*.**

WELL-AHEAD

Project ECHO®

Glucose Lowering Treatment in Hospital Patients – Special Circumstances

- **For surgery patients, reduce their HS insulin dose by 25-20%. The evening before surgery.**
- **For enteral feeding patients, give 1 unit of insulin for every 10-15 grams of enteral feeding, Ideally give NPH q 8-12 hours and correction scale Aspart/Lispro q 4 hours**
- **For TPN patients, give 1 unit of regular insulin in the TPN solution per 10 grams of glucose(dextrose).**

Oral Diabetes Meds in the Acute Care Hospital

- Generally discontinued
- Metformin contraindicated in patients undergoing anaesthesia/surgery, IV contrast procedures, in patients with CHF, CKD, hypoxia, sepsis.
- Saxagliptin and Linagliptin contraindicated in CHF, pancreatitis.
- GLP-1's contraindicated in pancreatitis.
- SGLT-2's contraindicated in surgery patients, prolonged fasting or NPO status.
- Sulfonylurea drugs increase the risk for hospital hypoglycemia.

Hospital Hypoglycemia

- **1. Level 1 hypoglycemia (glucose between 54 and 70 mg%)**
- **2. Level 2 hypoglycemia (glucose < 54 mg% and patient able to manage hypoglycemia)**
- **3. Level 3 hypoglycemia (glucose < 54 mg% and patient requires assistance from another person to manage hypoglycemia)**
- ***Hypoglycemia management protocol is essential.***
- ***Episodes of hypoglycemia in the hospital should documented and tracked.***
- ***The treatment regimen should be reviewed and changed when necessary for any blood glucose <70 mg% .***

WELL-AHEAD
Project ECHO®

Discharge Diabetes Care

There should be a structured diabetes discharge plan.

- 1. Medication reconciliation is mandatory: a. cross–check medication record, b. scripts for any new meds reviewed with patient and family members
- 2. SCHEDULE an outpatient follow-up appointment with the diabetes provider within 30 days of discharge.
- 3. Discharge summary provided to patient or family members to share with primary diabetes providers
- 4. Schedule home health care nursing for patients new to insulin treatment or poorly controlled.