DRAFT: Post-Operative Glucose Control

Patient leaves OR and arrives in PACU

Glucose check performed by PACU nursing

Is the patient on an insulin drip? Yes → Do not remove the drip. Reconsider on POD1.

Insulin drip at stable rate for 6 hrs?

No → Keep the patient on the drip. Apply Prandiel coverage for any meals

Yes → Check if the infusion has been managed properly

Keep the patient on the drip. Apply Prandiel coverage for any meals

POD1

Administer a Lantus dose 1 hour before removing the drip

Is the patient taking significant carbs by mouth? YES → Aspartate (Lispro) prandial and corrective per protocol TID AC and HS

Regular insulin corrective per protocol and POC blood sugars Q6 hrs

POD2

Administer a Lantus dose 1 hour before removing the drip

Is the patient taking significant carbs by mouth? YES → Aspartate (Lispro) prandial and corrective per protocol TID AC and HS

Regular insulin corrective per protocol and POC blood sugars Q6 hrs

Consult endocrine or the hospitalists

Insulin drip at stable rate for 6 hrs?

No → Consult endocrine or the hospitalists

Instructions for glargine (Lantus) dose:
- If insulin requirement expected to remain the same:
  - daily glargine dose = 0.8*24*IIR
- If insulin requirement expected to decrease (infection improving, weaning steroids, etc.):
  - daily glargine dose = 0.6*24*IIR
  (IIR = Avg hourly insulin infusion rate past 6 hrs)

It is best that transitions from the drip occur in the mornings, not overnight.

Intranet -> Depts & Initiatives -> Diabetes (Glycemic control) Program -> Insulin -> Clinical Decision Support Tool - Transition from IV to SC Insulin.

When to consult endocrinology vs. hospital medicine:
- Endocrine consult- anticipate follow-up with endocrine clinic
- Hospitalist consult- anticipate follow-up with PCP

It is important to involve the diabetes nurse educators when a patient is leaving the hospital managing their glucose in a new way

Day of Discharge

Is the patient changing how they are managing their blood glucose? YES → Consult diabetes nurse for patient education

No → Discharge patient

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