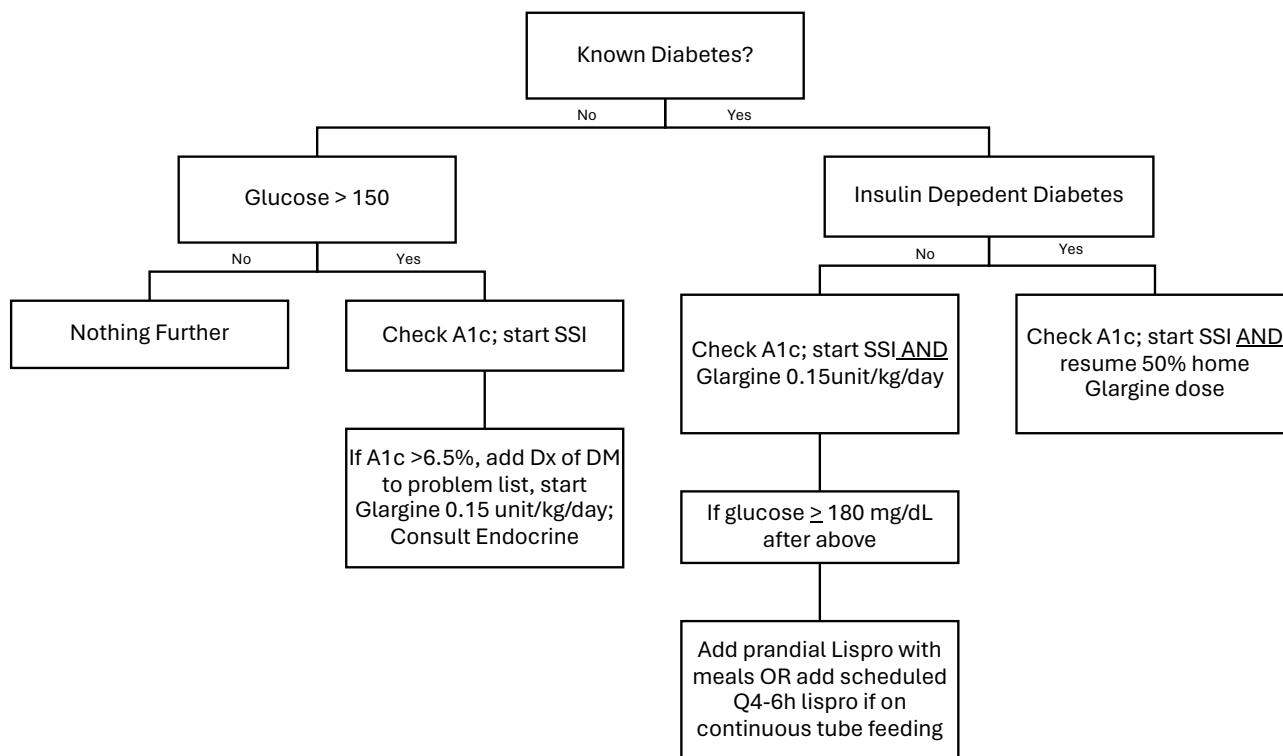


Emergency General Surgery Practice Management Guidelines: Glycemic Control

I. Flowchart



II. Considerations

- For insulin naive patients, basal insulin (glargine) should be ordered to begin on hospital day #2 after glucose checks. If BG remains <180 consider continuing only SSI.
- Basal insulin should not be held if the patient is NPO
- All patients with insulin orders should also have the Adult Hypoglycemia Management order set
- Use caution in patients with renal dysfunction, elderly, on glucocorticoids, large volume fluid shifts
- Discontinue sliding scale and glucose monitoring if glucose remains ≤ 150 mg/dL for 24 hours and at goal diet

III. Choice of Sliding Scale

- Patients without DM: Low Scale Formula (BG-100) / 50
- Patients with DM on 1-2 oral medications and/or GLP-1 agonists: Moderate Scale Formula (BG-100) / 30
- Patients with DM on > 2 oral medications or insulin at home: High Scale Formula (BG-100) / 20
- Patients with DM on insulin with A1c>9%: Very High Scale Formula (BG-100) / 15

IV. Insulin Infusion

- a. If a patient has persistent glucose elevation ≥ 250 mg/dL despite maximal sliding scale administration, consider transfer to SICU for more intensive glucose management
- b. [SICU Glycemic Control Guideline](#)

V. Indications for Endocrinology Consultation

- a. Type I Diabetes Mellitus
- b. Use of concentrated Insulin U-500 at home
- c. Use of insulin pump at home
- d. Discharge recommendations/follow up in patients with new diagnosis of DM and A1c $> 6.5\%$ or known diagnosis with A1c $> 9\%$

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