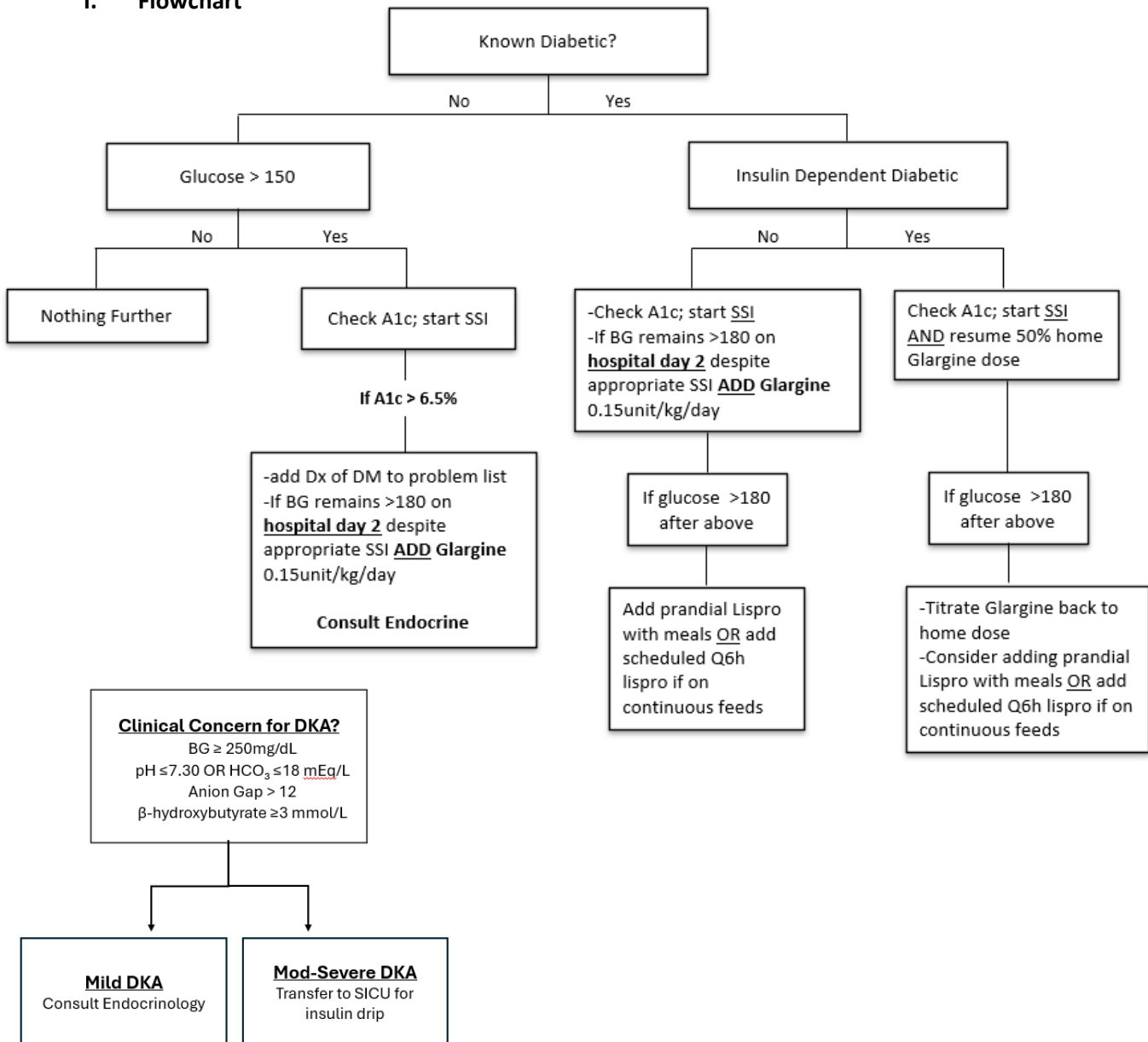


EMERGENCY GENERAL SURGERY

Practice Management Guidelines: Glycemic Control

I. Flowchart



II. Calculating Basal and Prandial Insulin Regimens

- Basal Dose Adjustment $\text{Basal Dose} = \frac{\text{Total insulin requirement over prior 24h}}{2}$
- Receiving oral diet $\text{Prandial Dose} = \frac{\text{Total insulin requirement over prior 24h}}{2} \div 3$
- Receiving continuous tube feeds $\text{Prandial Dose} = \frac{\text{Total insulin requirement over prior 24h}}{2} \div 4$

III. Considerations

- If NPO or tube feedings held, hold prandial insulin but continue basal and sliding scale insulin
- If fasting BG is <100 mg/dL**, consider glargine dose adjustments to minimize the risk of hypoglycemia
- 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
- Patients on TPN require coordination with the TPN team prior to insulin adjustments to confirm no concurrent insulin changes are being made to the TPN

IV. 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

V. Insulin Infusion

- If a patient has persistent glucose elevation ≥ 250 mg/dL despite appropriately following the above algorithm, consider transfer to SICU for more intensive glucose management
- [SICU Glycemic Control Guideline](#)

VI. Indications for Endocrinology Consultation

- Type I Diabetes Mellitus

- b. Use of concentrated Insulin U-500 at home
- c. Use of insulin pump at home – goal for pump interrogation and to continue home pump
- d. Difficult to control patients on complex nutrition regimens (e.g bolus tube feedings, night time tube feedings)
- e. 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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