

UW Medicine | VALLEY MEDICAL CENTER

Diabetes: Inpatient Management

ESTIMATED TOTAL DAILY DOSE (TDD)

- **0.4 units/kg/day:** Standard dose (pt w/ normal body habitus)
- **0.3 units/kg/day:** Very lean, on hemodialysis, or very sensitive to insulin
- **0.5 units/kg/day:** Overweight
- **0.6+ units/kg/day:** Obese, on steroids, or known insulin resistant

Diabetes Diagnosis or Hyperglycemia

- Known Diabetes Diagnosis **OR**
- POC or Serum Glucose >180 mg/dL **OR**
- 2 x POC or Serum Glucose >140 mg/dL

Inpatient Diabetes Management

- Measure A1C (if not within 3 months)
- Confirm hx & management plan
- Start carb controlled diet
- Order Dietary consult (as indicated)
- Diabetes Education

TOTAL DAILY DOSE (TDD) ADJUSTMENTS

- If any glucose >180 mg/dL, and no threat of hypoglycemia, increase TDD by 10-20%
- If glucose consistently >180-200, increase TDD by 30%
- If hypoglycemia (<70mg/dL), decrease TDD by 20% and follow hypoglycemia protocol

	NPO (A1C<7 or oral meds at home)	NPO (A1C≥7 or insulin at home)	Eating or Bolus Feeds (A1C<7 or hypoglycemia risk)	Eating or Bolus Feeds (A1C≥7)	Continuous Feeds
Glucose Testing	Q6, PRN	Q6, PRN	ACHS, PRN	ACHS, PRN	Q6, PRN
Diet	NPO	NPO	Carb Controlled	Carb Controlled	Continuous Feeds
Basal Insulin	None	NPH or Glargine	None	NPH or Glargine	NPH or Glargine
Nutritional Insulin	None	None	None	Lispro	Regular Insulin
Correctional Insulin	Lispro	Lispro	Lispro	Lispro	Regular Insulin

METFORMIN

OFTEN held for concerns about interaction with CT scan dye or acute illness

DIABETES EDUCATION

Role	Topic
Physician	Changes, Uncontrolled
Nursing	Glucose Monitoring
Dietary	Diet Management
Pharmacy	Medications

*Diabetes Survival Kit

Discharge Planning

- Reconcile Medications
- Prescribe medications (affordable)
- Ensure Follow-up Care (Case Manager)
- Patient Education
- Referral to Nutrition Clinic
- Communication for Transition

**Discharge
& Referral**

Poorly Controlled - Insulin Management

Basal Insulin

- Advance from home dose or start 0.2-0.3 units/kg/day
- NPH Q12hr OR Glargine Q24hr
- Adjust by 10-20% every 2-3 days to achieve target

Correctional Insulin

- For BG ≥ 150mg/dL, graded scale of 1-4 units for each increment of 50 mg/dL, based on insulin sensitivity
- Same type (and added to) prandial insulin
- Adjust by 1-2 units/dose every 1-2 days if inadequate

Prandial (Nutritional) Insulin

- Advance from home dose or start 0.05-0.1 units/kg/meal
- Insulin Lispro or regular insulin
- Adjust by 1-2 units/dose every 1-2 days if response inadequate