TYPE 2 DIABETES INPATIENT MANAGEMENT

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HYPERGLYCEMIA >180 mg /dL

Established DM | **Undiagnosed DM** | **Stress hyperglycemia**

- increased in-hospital complications and mortality

MANAGEMENT

HPI + PMHx

- Diabetes diagnosis hx
- Current + past DM medications
- Overall glycemic control
- Past complications
- Co-morbidities
- Other hospitalizations
- Feeding / Nutrition type

LABS

- Hemoglobin A1C
  - Repeat if last HbA1C was >3 months ago
- Regular blood glucose monitoring

SET BG TARGETS

- Dependent on individual factors

STOP NON-INSULIN TREATMENTS

- Metformin:
  - Risk of nephropathy, especially with contrast agents
  - Lactic acidosis
- Sulfonyureas:
  - Risk of hypocalcemia
- TZD:
  - Fluid retention
  - ✖ in CHF + Hepatic disease
- DPP-4i:
  - Potential useful adjuvant
- SGLT2i:
  - Euglycemic ketoacidosis

STUDIES

Glucose Management in Hospitalized Patients.

Those with a single blood glucose measurement of > 220 mg per dL on the first postoperative day had an increased risk of sepsis, pneumonia, and wound infection.

Glycemic control and sliding scale insulin use in medical inpatients with diabetes mellitus.

Sliding-scale insulin were associated with a threefold higher risk of hyperglycemic episodes compared with no therapy.

INSULIN REGIMEN

BASAL-BOLUS

TOTAL DAILY DOSE

0.3 - 0.6 units / kg / day

50%	50%
Basal	**Bolus**

Individualize basal - bolus insulin regimen

Patient factors (renal function, age), meds (steroids), nutrition type (NPO)

CKD / Age >70 years old / ↑ risk of hypoglycemia
Start at a lower dose (e.g., 0.3-0.4 units/kg/day)

↑Insulin resistance / Therapies that ↑ insulin resistance
Start at a higher dose (e.g., 0.6 units/kg/day)

Patients on steroids
Increase the prandial dose (40:60 basal: bolus) or use NPH

NPO/fasting
Consider 10-20% ↓ in basal insulin based on glucose goals

Type 1 Diabetes
Must ALWAYS be on basal insulin even with NPO

CORRECTIONAL

Various scales may be used

Low-Dose Scale →

Bolus dose adjustment to correct blood glucose concentration
e.g. - 1 unit insulin for every 50 mg/dL of blood glucose >150 mg/dL

100	150	200	250	300
	1 unit	2 units	3 units	etc...