

Management of the Patient With Diabetes in the Inpatient Setting

This program applies to patients who have a medical history of diabetes: diabetes diagnosed and acknowledged by the treating physician. This program does not apply to hospital-related hyperglycemia, attributed to medications or other factors.

| Major Element | American Diabetes Association Recommendations | Joint Commission Expectation |
|--------------------------------|--|--|
| General Recommendations | All patients with diabetes are identified as having diabetes in the medical record. | <p>Patients with diabetes are identified as having diabetes in the medical record, at admission, and at discharge. CT5 EP2</p> <p>Documentation reflects the individual's: CT5 EP2</p> <ul style="list-style-type: none"> • Type of diabetes (if possible to determine) • Preadmission medications for the control of diabetes, including dosages as stated by the patient • Weight • Nutritional screening results • Nutrition management plan • Degree of control prior to admission and severity of hyperglycemia on admission • Current weight • Current and anticipated nutritional status (eg, NPO, etc) • Level of comprehension and competence related to diabetes self-management activities |
| Blood Glucose Targets | <p>Goals for blood glucose levels:</p> <p><i>Critically ill patients:</i> as close to 110 mg/dL (6.1 mmol/L) as possible and generally <180 mg/dL (10.0 mmol/L)</p> <p><i>All other patients:</i> pre-meal blood glucose should be as close to 90-130 mg/dL (5.0-7.2 mmol/L) with a postprandial blood glucose level <180 mg/dL (10.0 mmol/L)</p> <p>A1Cs are performed on patients for whom the results of an A1C within the last 2-3 months are not available.</p> | <p>An A1C is drawn at the time of admission unless the results of the patient's A1C drawn within the last 60 days are known or the patient has a medical condition or has received therapy that would confound the results. CT2 EP2</p> |
| Preventing Hypoglycemia | <p>Plans for treating hypoglycemia are established for each patient.</p> <p>Scheduled prandial insulin doses are given in relation to meals, and adjusted to point of care glucose levels.¹</p> <p>Episodes of hypoglycemia are documented and analyzed for trends.</p> | <p>Plans for the treatment of hypoglycemia and hyperglycemia are established for each patient. DF3 EP3</p> <p>A plan for coordinating administration of insulin and delivery of meals is implemented. DF2 EP4</p> <p>Episodes of hypoglycemia² are identified and contributing reasons for these are captured. PM1 EP2</p> <p>Contributing reasons for episodes of hypoglycemia are evaluated for systemic trends (eg, difficulty having food trays delivered, improper ordering or timing of insulin or antidiabetic medications, drug interactions, etc). PM1 EP3</p> <p>Written protocols are developed for the management of patients on intravenous insulin infusions. DF2 EP4</p> |

1. Sliding scale insulin regimens are ineffective.
2. Hypoglycemia is defined as a blood sugar below 70 mg/dL (ADA).

