

Advocate Lutheran General Hospital

Diabetes Adult Medical Patient Protocol Management While NPO, Tube Feedings, or HAL

1. **Diet:** NPO Tube feedings HAL
(Begin tube feeding, HAL or oral diet within 24 hours of admission)
2. **If NPO and not on HAL:** Begin D5W infusion for blood glucose < 250 mg/dL at 50 mL/hour; add _____ mEq potassium chloride to each liter.
3. **If on tube feeding only:**
 - a. Begin D₅W infusion for blood glucose < 250 mg/dL at 50 mL/hour; add _____ mEq potassium chloride to each liter.
 - b. Continue IV dextrose infusion until tolerating feeding at goal.
4. **Blood Glucose Monitoring:** On admission and q 2 hours for **first 8 hours**; then q 4 hours.
5. **DC prior orders for diabetes management:** no oral hypoglycemic or other diabetes agents or insulin.
6. **Glycohemoglobin A1C** with next blood draw.
7. **Insulin regimen** (begin on all patients with diabetes for blood glucose > 140 mg/dL):
 - a. Regular human insulin: 100 units/100 mL 0.9 sodium chloride; begin at 1 unit/hour; flush tubing with 50 cc of insulin IV solution
 - b. Titrate insulin drip q 2 hours **for first 8 hours**; then q 4 hours:
 - If blood glucose <90 mg/dL, see 8b below.
 - If blood glucose 90-140 mg/dL, no change to rate.
 - If blood glucose 141-180 mg/dL, increase by 0.5 unit/hour.
 - If blood glucose 181-240 mg/dL, increase by 1 unit/hour.
 - If blood glucose >240 mg/dL, increase by 1.5 units/hour.
 - c. Administer supplemental Regular human insulin **IV Push in addition** to insulin drip at start of insulin drip and per blood glucose monitoring schedule:
If blood glucose: ≤140 mg/dL – 0 units
 141-180 mg/dL – 2 units
 181-220 mg/dL – 3 units
 221-260 mg/dL – 4 units
 >260 mg/dL – 5 units
8. **Prevention and treatment of hypoglycemia**
For critical low blood glucose < 90 mg/dL:
 - a. Give 25cc D₅₀W IV push: may repeat x 1 if blood glucose <90 mg/dL in 15 minutes.
 - b. Begin blood glucose monitoring q 1 hour until blood glucose >140 mg/dL then resume q 4 hour monitoring
 - c. Decrease IV insulin drip rate to half of current rate until blood glucose >140 mg/dL, then resume drip titration and supplemental Regular insulin IV push as in 7b and 7c.

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Diabetes Adult Medical Patient Protocol Management While NPO, Tube Feedings, or HAL (cont)

9. If tube feeding or TPN placed “on hold”:
 - a. Decrease the IV insulin drip by half of current rate
 - b. Begin IV fluids of D₁₀W at 50 mL/hour
 - c. Resume insulin infusion at prior rate when TPN or tube feeding restarted

10. As transitions to clear liquids, discontinue insulin infusion 1 hour after 75% of first meal tolerated (see Diabetes Adult Medical Patient Protocol – Management While on Liquid Meals/Solid Food)

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Diabetes Adult Medical Patient Protocol Management While on Liquid Meals/Solid Food (cont)

1. **Diet:** Clear liquids, advance to _____ calories as tolerated.
2. **If on insulin infusion:** discontinue insulin infusion 1 hour after 75% of first meal tolerated (clear liquids or greater).
3. **Blood Glucose Monitoring:** On admission; before meals, and at bedtime. Monitor at 0200 if patient receives Regular human insulin or insulin aspart at bedtime.
4. **Glycohemoglobin A1c and lipid panel** with next blood draw (if not already done).
5. **Diabetes management regimen** to begin when insulin infusion discontinued:

STANDING SUBCUTANEOUS INSULIN REGIMEN	
Humalog Mix 75/25	_____ units with breakfast daily _____ units with dinner daily
Glargine (Lantus) insulin:	_____ units with breakfast daily or _____ units at bedtime daily
NPH human insulin:	_____ units pre-breakfast daily _____ units pre-dinner daily _____ units at bedtime daily
Regular human insulin:	_____ units pre-breakfast daily _____ units pre-lunch daily _____ units pre-dinner daily
Insulin aspart (Novolog):	_____ units with breakfast daily _____ units with lunch daily _____ units with dinner daily

SULFONYLUREAS					
Glimepiride daily with breakfast	1 mg	2 mg	4 mg	_____mg	po
Glipizide	5 mg	10 mg	20 mg	_____mg	po daily pre-breakfast po BID (pre-breakfast/pre-dinner)
Glipizide extended release	5 mg	10 mg	20 mg	_____mg	po daily with breakfast
Glyburide	2.5 mg	5 mg	10 mg	_____mg	po daily with breakfast po BID (with breakfast/with dinner)
BIGUANIDES					
Metformin	500 mg	850 mg	_____mg		po daily with breakfast po daily with dinner po BID (with breakfast and dinner)
THIAZOLIDINEDIONES					
Pioglitazone	15 mg	30 mg	_____mg		po daily with breakfast
Rosiglitazone	2 mg	4 mg	_____mg		po daily with breakfast po BID (with breakfast and dinner)

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Diabetes Adult Medical Patient Protocol Management While on Liquid Meals/Solid Food (cont)

6. Supplemental subcutaneous Regular human insulin before meals and at bedtime:

If blood glucose:	≤ 140 mg/dL	– 0 units
	141-180 mg/dL	– 2 units
	181-220 mg/dL	– 3 units
	221-260 mg/dL	– 4 units
	260-500 mg/dL	– 5 units
	>500 mg/dL	– call physician

7. Secondary Cardiac Risk Reduction

Angiotensin Converting Enzyme Inhibitors or Angiotensin Receptor Blockers			
Captopril	25 mg po q 8 hours	Other _____	
Enalapril	5 mg po daily	5 mg po daily	Other _____
Lisinopril	10 mg po daily	Other _____	
Irbesartan	75 mg po daily	Other _____	
Valsartan	80 mg po daily	160 mg po daily	
Losartan	25 mg po daily	50 mg po daily	Other _____

HMG-CoA Reductase Inhibitors						
Simvastatin	5 mg	10 mg	20 mg	40 mg	80 mg	po daily
Atorvastatin	20 mg	40 mg	80 mg	po daily		
Pravastatin	10 mg	20 mg	40 mg	po daily		

Antiplatelet Therapy			
Aspirin	325 mg	po daily	
Aspirin, enteric coated	81 mg	325 mg po daily	
Clopidogrel	75 mg	Other _____	po daily

8. Discharge Planning

- Diabetes education – notify (extension 218282) for post-discharge education.
- Nutrition – consult (extension 217777) for evaluation and post-discharge follow-up.

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