

Diabetic Care Process
 Patient seen during admission
 by resident or attending MD.
 Patient indicates they are diabetic.

- MD starts on oral hypoglycemics or scheduled insulin (if the pt takes it)
- Also orders sliding scale for breakthrough coverage only for the patient on scheduled insulin
- FSBS ORDERS SHOULD ONLY BE BEFORE BREAKFAST & DINNER
- MD orders an ADA diet

Is patient cooperative and/or knows their current meds?

- MD orders FSBS for before BREAKFAST & DINNER only
- Sliding scale is ordered for breakthrough coverage only for the patient on scheduled insulin
- Monitor FSBS readings for changes
- Consider an IM Consult for management
- MD orders Fasting Blood Glucose (serum) for next AM and also orders an ADA diet
- MD & RN asks when the patient last had a dose of insulin.
- MD & RN to observe for signs and symptoms of Diabetic Ketoacidosis (polyuria, dry mouth, dehydration confusion, nausea &/or vomiting, polydipsia)

- MD orders a FSBS X1
- If the FSBS is >450, consider transfer to a medical facility (BTGH)
- If the FSBS is <450 observe patient and order insulin per the "Insulin Made Easy" dosing guidelines
- If the FSBS is elevated (but under 450) MD orders 2 units of Regular Insulin X1 and recheck the FSBS in 3 hours
- If the FSBS begins to stabilize after the initial 2 units is given, then monitor the FSBS again in 4 hours and continue to observe for S/SX of Diabetic Ketoacidosis

Is the patient symptomatic for Diabetic Ketoacidosis?

- MD orders Fasting Blood Glucose for the am
- Continue to monitor for S/SX of ketoacidosis

RN performs FSBS as ordered
 Administers all scheduled meds as ordered
 Documents on Diabetic Flowsheet FSBS reading
 Documents on MAR all meds given including Sliding Scale doses

Regular Insulin Sliding Scale

1. Sliding Scale to be used **ONLY** at 0630 and 1630.
2. Regular Insulin peaks in 2-4 hours, do not recheck FSBS until 3 hours **after** insulin administration.
3. NPH Insulin peaks in 4-10 hours, do not recheck FSBS until 6 hours **after** insulin administration.
4. Humalog Insulin peaks ½-2 hours, recheck FSBS 1 hour **after** insulin administration.
5. **Fingerstick readings should be taken no more that 2 times per day. The suggested times from Internal Medicine are before breakfast (0630) and before dinner (1630). Fingersticks are not to be routinely ordered for HS (2100).**
6. **Patients on scheduled oral hypoglycemics should not get sliding scale coverage ordered.**

HCPC's Regular Sliding Scale

To be used no longer than the first 72⁰, preferably within 24⁰ of admission &/or with patients on scheduled insulin only. Do not order for patients on oral hypoglycemic maintenance.

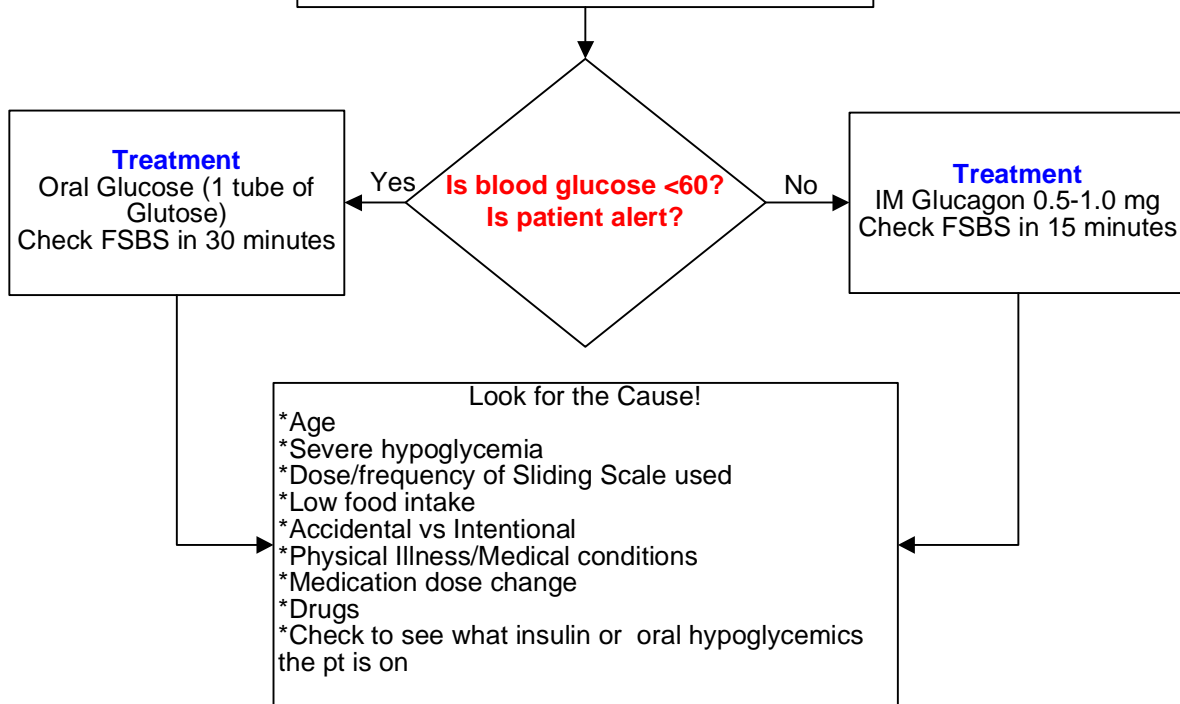
Goal: To maintain blood glucose under 250 (for most patients). **This scale should be used for NO MORE than 24 hours as the ONLY method of glucose control.** Scheduled oral hypoglycemics should be ordered within 24 hours of admission.

See "Insulin Made Easy" instructions for dosing guidelines.

Note: Since some of our patients may not have been compliant with diets and medication regimes, it is common for these patients to have higher than desired glucose readings. **It is more dangerous to have glucose levels that are TOO LOW than levels that are TOO HIGH.**

Glucose Reading (FSBS)	Action to be Taken
0-59	No sliding scale insulin to be given. Give glucose (if patient is alert, give 1 tube of Glucose, if patient has diminished LOC and is in danger of aspirating anything oral, give 0.5-1mg of IM Glucagon). Do not give both IM Glucagon and oral Glucose!!! Notify the MD immediately!
60-250	No additional sliding scale to be given. Observe patient as these levels are within the appropriate range.
251-300	Administer 2 units of Regular Insulin, along with scheduled insulin ordered. Do not administer sliding scale only.
301-350	Administer 4 units of Regular Insulin, along with scheduled insulin ordered. Do not administer sliding scale only.
351-400	Administer 6 units of Regular Insulin, along with scheduled insulin ordered. Do not administer sliding scale only.
401-450	Administer 8 units of Regular Insulin, along with scheduled insulin ordered. Do not administer sliding scale only.
451-500	Administer 10 units of Regular Insulin, along with scheduled insulin ordered. Do not administer sliding scale only.
FSBS>500	Administer 10 units of Regular Insulin, along with scheduled insulin ordered. Do not administer sliding scale only. Notify the MD immediately!!

EMERGENCY MANAGEMENT OF HYPOGLYCEMIA



***Regular insulin peaks in 2-4 hours. Do not recheck FS until 3 hrs after insulin administration**

***NPH insulin peaks in 4-10 hours. Do not recheck FS until 6 hours after insulin administration**

***Humalog insulin peaks in ½-2 hours. Recheck FS 1 hour after insulin administration**

Insulin Made Easy Dosing Guidelines

Use intermediate acting insulin (preferably NPH)
Start with 0.2-0.3 units/kg/day
Give 2/3 of total daily dose before breakfast
Give 1/3 of total daily dose before dinner
Order FSBS before breakfast and dinner only
Order Sliding Scale insulin to be given, if needed, before breakfast & before dinner

Definitions

FSBS= Finger stick blood sugar or accucheck reading.
Fasting Blood Glucose= Blood work drawn by a nurse to be sent to the lab to have the glucose level evaluated. **This is not a fingerstick.** (fasting means that must be done at least 2 hours after last meal).
DKA= Diabetic Ketoacidosis: signs and symptoms include:
Nausea/vomiting
Thirst/polyuria
Abdominal pain
Altered mental status/confusion
SOB