# Diabetes and Hyperglycemia Management Postop [2380]

Criteria Screening:

Diabetes,   APEC Blood Glucose greater than 200 mg/dL, or patients who received insulin before or during surgery

## General

**Nursing**

| [X] PACU insulin nursing orders | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Priority: | **Routine** | [Routine] |
| | Frequency: | **Once For 1 Occurrences** | [Once]   [Until Discontinued] |
| | Comments: | **-DO NOT administer any insulin in PACU without anesthesiology notification and approval**<br><br>**-DO NOT administer 2 subcutaneous insulin doses within 4 hours of each other** | |
| | Phase of Care: | **PACU** | |

**Finger Stick Blood Glucose (FSBG) Monitoring   (Selection Required)**

| [X] PACU bedside glucose | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Priority: | **Routine** | [Routine]   [STAT] |
| | Frequency: | **Conditional Frequency** | [Once]   [Daily]   [Q4H]   [Q6H]   [AC only]   [AC & HS]   [User Schedule] |
| | Comments: | **-PostOp:  Recheck Blood Glucose for patients with known diabetes, PreOp glucose of 200 mg/dL or greater, or patients who received insulin before or during surgery**<br><br>**-Recheck Blood Glucose 1 hour after insulin dose administration**<br><br>**-Recheck Blood Glucose 20 minutes after D50W adminstration** | |
| | Phase of Care: | **PACU** | |

## Hypoglycemia Management

**Notify (Selection Required)**

| [X] Notify Anesthesia | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Priority: | **Routine** | |
| | Frequency: | **Until discontinued, Starting S** | [Until Discontinued]    [Once] |
| | Comments: | **-If Blood Glucose is less than 70 mg/dL**<br><br>**-For PostOp Blood Glucose greater than or equal to 200 mg/dL** | |
| | Phase of Care: | **PACU** | |

**Postop Hypoglycemia (Selection Required)**

| [X] dextrose 50 % in water (D50W) injection | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Dose: | **25 g** | |
| | Route: | **intravenous** | [intravenous] |
| | Rate: | | |
| | Duration: | | |
| | Frequency: | **PRN** | |
| | PRN comment: | **low blood sugar, If blood glucose is 40 mg/dL or LESS** | [low blood sugar] |
| | Frequency Start: | | |
| | Frequency Dose: | | |
| | Phase of Care: | **PACU** | |
| | Administration instructions: | **NOTIFY ANESTHESIA. RECHECK BLOOD GLUCOSE IN 20 MINUTES.** | |
| | Indications: | | |

| [X] dextrose 50 % in water (D50W) injection | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Dose: | **12.5 g** | |
| | Route: | **intravenous** | [intravenous] |
| | Rate: | | |
| | Duration: | | |
| | Frequency: | **PRN** | |
| | PRN comment: | **low blood sugar, If blood glucose is between 41-69 mg/dL** | [low blood sugar] |
| | Frequency Start: | | |
| | Frequency Dose: | | |
| | Phase of Care: | **PACU** | |
| | Administration instructions: | **NOTIFY ANESTHESIA. RECHECK BLOOD GLUCOSE IN 20 MINUTES.** | |
| | Indications: | | |

## Subcutaneous Insulin Dosing (choose all that apply)

**Postop Corrective Insulin**

Notify Anesthesia for Blood Glucose greater than 200 mg/dL

COjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjjRRECTIVE INSULIN

(Order Below)
CORRECTIVE INSULIN

(Order Below)

Insulin lispro (AdmeLOG®) Low Dose Insulin lispro (AdmeLOG®) Medium Dose Insulin lispro (AdmeLOG®) High Dose

| Insulin lispro (AdmeLOG®) Low Dose | | Insulin lispro (AdmeLOG®) Medium Dose | | Insulin lispro (AdmeLOG®) High Dose | |
| --- | --- | --- | --- | --- | --- |
| Glucose (mg/dL) | Units | Glucose (mg/dL) | Units | Glucose (mg/dL) | Units |
| 70-140 | 0 | 70-140 | 0 | 70-140 | 0 |
| 141-220 | 1 | 141-180 | 1 | 141-180 | 2 |
| 221-260 | 2 | 181-220 | 2 | 181-220 | 4 |
| 261-280 | 3 | 221-240 | 3 | 221-240 | 5 |
| 281-300 | 4 | 241-260 | 4 | 241-260 | 7 |
| Greater than 300 | 5 | 261-280 | 5 | 261-280 | 9 |
| | | 281-300 | 6 | 281-300 | 10 |
| | | Greater than 300 | 7 | Greater than 300 | 12 |

[ ] Insulin Lispro (HUMALOG, ADMELOG) Corrective Insulin (Single Response)

| ( ) Patient UNABLE to tolerate LISPRO | | **Defaults** | **Available Buttons** |
| --- | --- | --- | --- |
| | Priority: | **Routine** | |
| | Frequency: | **Once** | [Once]   [Prior to Discharge] |
| | Comments: | | |
| | Phase of Care: | **Post-op** | |

| ( ) Low Dose Corrective Scale | | **Defaults** | **Available Buttons** |
| --- | --- | --- | --- |
| | Dose: | **0-12 Units** | [0-12 Units] |
| | Route: | **subcutaneous** | [subcutaneous] |
| | Rate: | | |
| | Duration: | | |
| | Frequency: | | [TID with meals]   [Q4H] |
| | Frequency Start: | | |
| | Frequency Dose: | | |
| | Phase of Care: | **Post-op** | |
| | Administration instructions: | **For hypoglycemic episodes, follow hypoglycemia management algorithm.** | |
| | Corrective Scale: | **LOW dose correction scale** | [LOW dose correction scale]   [MEDIUM dose correction scale]   [HIGH dose correction scale] |
| | Indications: | | |

| ( ) Medium Dose Corrective Scale | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Dose: | **0-12 Units** | [0-12 Units] |
| | Route: | **subcutaneous** | [subcutaneous] |
| | Rate: | | |
| | Duration: | | |
| | Frequency: | | [TID with meals]    [Q4H] |
| | Frequency Start: | | |
| | Frequency Dose: | | |
| | Phase of Care: | **Post-op** | |
| | Administration instructions: | **For hypoglycemic episodes, follow hypoglycemia management algorithm.** | |
| | Corrective Scale: | **MEDIUM dose correction scale** | [LOW dose correction scale]    [MEDIUM dose correction scale]    [HIGH dose correction scale] |
| | Indications: | | |

| ( ) High Dose Corrective Scale | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Dose: | **0-12 Units** | [0-12 Units] |
| | Route: | **subcutaneous** | [subcutaneous] |
| | Rate: | | |
| | Duration: | | |
| | Frequency: | | [TID with meals]    [Q4H] |
| | Frequency Start: | | |
| | Frequency Dose: | | |
| | Phase of Care: | **Post-op** | |
| | Administration instructions: | **For hypoglycemic episodes, follow hypoglycemia management algorithm.** | |
| | Corrective Scale: | **HIGH dose correction scale** | [LOW dose correction scale]    [MEDIUM dose correction scale]    [HIGH dose correction scale] |
| | Indications: | | |

| ( ) Custom Corrective Scale | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Dose: | | |
| | Route: | **subcutaneous** | [subcutaneous] |
| | Rate: | | |
| | Duration: | | |
| | Frequency: | | [TID AC]    [TID with meals]    [AC & HS] |
| | Frequency Start: | | |
| | Frequency Dose: | | |
| | Phase of Care: | | |
| | Administration instructions: | **Define custom scale here \*\*\*** | |
| | Indications: | | |

## Consults

**Consults**

| [ ] Consult Diabetes/Endocrinology | | **Defaults** | **Available Buttons** |
|---|---|---|---|
| | Referral Info: | | |
| | Referral Facility: | | |
| | Referral # of Visits: | **1** | |
| | Expires: | **Y+1** | |
| | Reason for Consult? | **Diabetes and Hyperglycemia** | |
| | Phase of Care: | | |
| | Comments: | **Please call Inpatient Diabetes/Hyperglycemia Management Service 713-441-0006** | |
| | Process Instructions: | | |