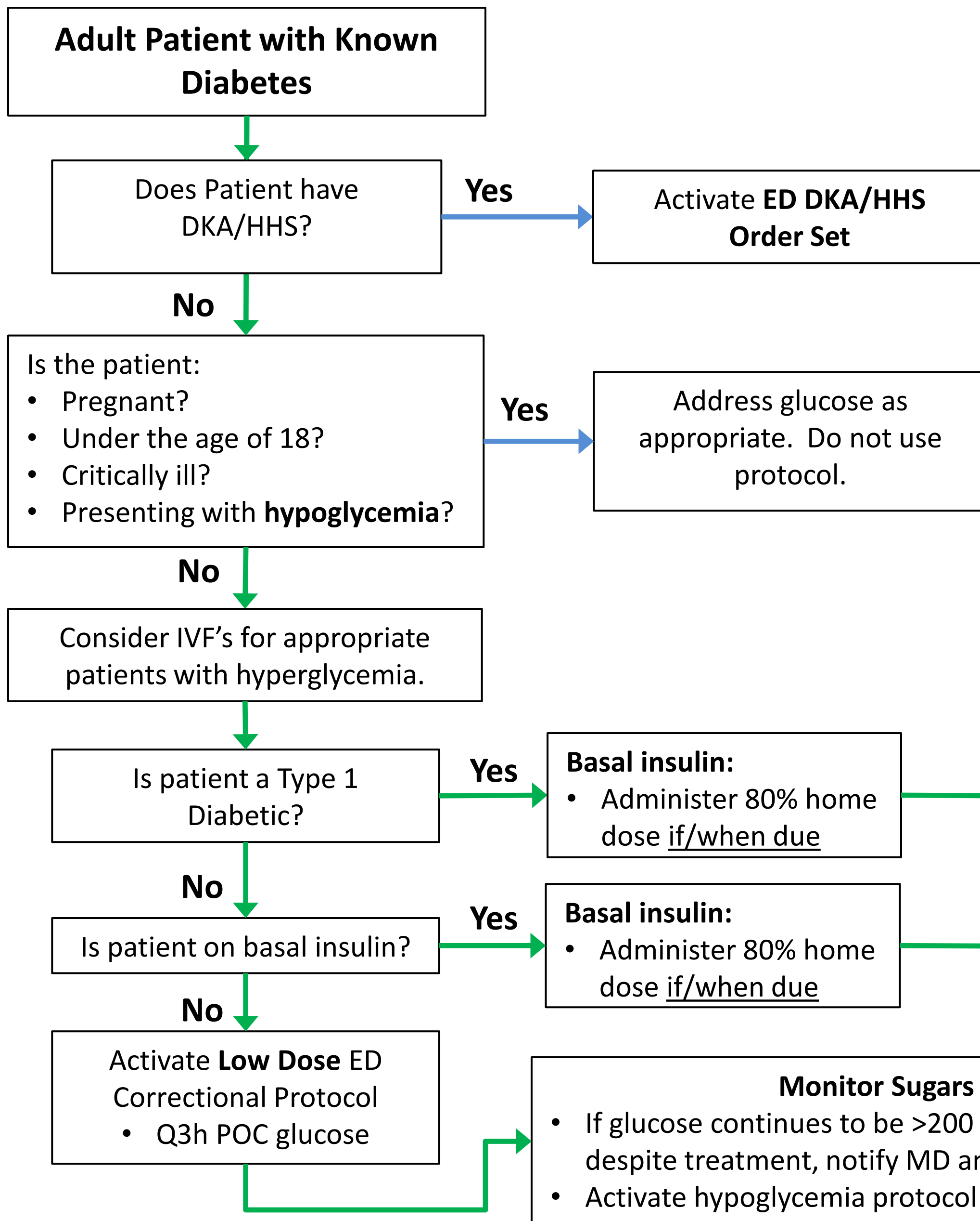
Adult ED Glycemic Control Protocol



Low Dose ED Correctional Scale

Glucose (mg/dl):	Units of lispro insulin
180-230	1
231-280	2
281-330	3
331-380	4
381-400	5
>400	6 (notify provider)

Moderate Dose ED Correctional Scale

Glucose (mg/dl):	Units of lispro insulin
180-230	2
231-280	4
281-330	6
331-380	8
381-400	10
>400	10 (notify provider)

- All correctional insulin should be dosed based on a POC glucose done within the previous 30 minutes.
- Do not dose correctional insulin more frequently than every three hours.

Activate **Low Dose** ED Correctional Protocol
- Q3h POC glucose

Activate **Moderate Dose** ED Correctional Protocol
- Q3h POC glucose

Approved by AMSL Glycemic Control Transformation Team, 2015

Adult ED Glycemic Control Protocol

Hyperglycemia (>200 mg/dl) and **No History of Diabetes**

Does Patient have DKA/HHS?

- **Yes** → Activate **ED DKA/HHS Order Set**
- **No** ↓

Is the patient:
- Pregnant?
- Under the age of 18?
- Critically ill?
- Presenting with **hypoglycemia**?

- **Yes** →
  1. Address glucose as appropriate. Do not use protocol.
  2. Notify patient/family of new finding of elevated glucose.
  3. Notify team accepting care.
- **No** ↓

Is Patient Being Discharged?

- **Yes** → See **ED Discharge Protocol for New Hyperglycemia**
- **No** ↓

Consider IVF's for Appropriate Patients

- **Glucose ≥ 400 mg/dl** → Activate **Moderate Dose** ED Correctional Protocol
  - Q3h POC glucose
- **Glucose < 400 mg/dl** → Activate **Low Dose** ED Correctional Protocol
  - Q3h POC glucose

→ **Monitor Sugars Q3 per Protocol**
- If glucose continues to be >200 mg/dl after 3 checks or is rising despite treatment, reassess patient for cause.
- Activate hypoglycemia protocol for POC glucose < 70 mg/dl
- Notify patient and admitting team of new finding of hyperglycemia.

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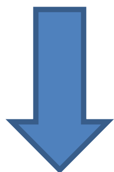
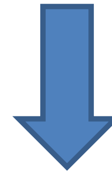
Adult ED Correctional Insulin Dosing Guidelines

Type 1 Diabetics Type 2 Diabetics Not on Insulin Indeterminate Type New Hyperglycemia < 400 mg/dl	Type 2 Diabetics on Insulin New Hyperglycemia ≥ 400mg/dl





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Newly Diagnosed Hyperglycemia ED Discharge Protocol

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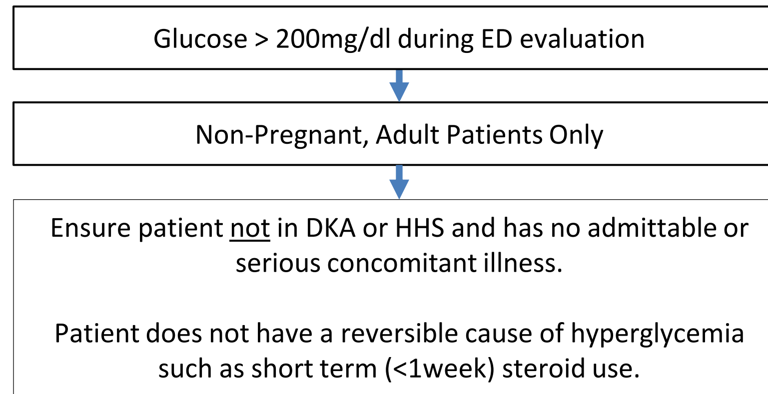

Asymptomatic
Without polydipsia/uria
Serum glucose < 250

ED treatment

1. BMP

ED DM Discharge Criteria

1. Do not delay discharge for repeat glucose testing or treatment unless otherwise indicated.

Disposition Best Practice

1. Brief DM education & d/c documents
2. F/U with PCP < 7 days
3. If no PCP, refer to MMP PCP

Symptomatic
polydipsia/uria
Serum glucose 250 to 399, AG≤16

ED treatment

1. BMP (if not already done)
2. Consider 1-2 L NS

ED DM Discharge Criteria

1. Reasonably stable or downward trend of glucose.
2. Should have at least one repeat measurement in ED prior to discharge.

Disposition Best Practice

1. Ensure proper follow-up (see guidelines to left).
2. Suggest:
   - Metformin* 500mg BID if Cr < 1.5 (mg/dl) in women or < 1.6 in men.
   - Start glipizide 5mg q24 for those with renal impairment. Provide education about hypoglycemia if starting glipizide.

Symptomatic
polydipsia/uria
Serum glucose 400-600, AG ≤ 16

ED treatment

1. BMP (if not already done)
2. Consider 2-3 L NS
3. Start **ED Correctional protocol** with Moderate Dosing scale in Anticipation of CDU stay.

ED DM Discharge Criteria

1. Stable or downward trend of glucose.
2. Requires at least one repeat measurement in ED correctional protocol.
3. **Consider admission to CDU.**

Disposition Best Practice

1. Ensure proper follow-up (see guidelines to left).
2. Suggest starting treatment (see guidelines to left).

*Initiation of metformin should not begin within 48 hours of administration of IV contrast due to concerns about potential lactic acidosis.