**Diabetic Pre and Post Procedural Insulin Protocol Policy**

•       All patients greater than 18 years old will have a capillary blood glucose (CBG) done when admitted to the pre-op area of the operating room, medical procedure room, the cardiac cath lab, or interventional radiology. If CBG was done in Emergency Department or inpatient unit on day of surgery and is 50-125 mg/dl, do not repeat in Preoperative Department.

•       Hold all oral diabetic medications on morning of day of procedure.

•       Patients on insulin pumps are to be continued on their usual basal insulin.

•       Target range for blood glucose is less than 200 mg/dl.

•       Intra-operative checking of blood glucose will occur if patient is hypo or hyper glycemic in pre-operative area. The blood glucose will be checked every 2 hours or at practitioner's judgment.

Patient is **not a known diabetic:**

**Pre Operative:**

•       If pre-procedure blood sugar < 150 mg/dL, no further checking of capillary blood sugar necessary.

•       If fasting blood sugar is > 126 mg/dL provide the education brochure about blood sugar.

•       If blood sugar is > 201 mg/dL see correctional insulin scale below.

**Post Operative**:

•       If pre procedure blood glucose > 151, check post procedure blood sugar in post op area. Respond using the correctional insulin scale below.

•       If outpatient and insulin given, keep patient in appropriate recovery area for one (1) hour.

•       If insulin is given and patient is an inpatient, no need for a delay in transport.

Patient is **a known diabetic**:

**Pre Operative:**

         See correctional insulin scale below.

**Post Operative:**

•       Check blood sugar immediately in post-operative area.

•       If outpatient and insulin given, keep patient in appropriate recovery area for one (1) hour.

•       If insulin is given and patient is an inpatient, no need for a delay in transport.

Correctional Regular Insulin IVP and Basal Subcutaneous algorithm (may use patient's own insulin) as follows:

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| --- | --- |
| **mg/dL** | **Treatment** |
| Less than 50 | •  Give 50 ml of 50% dextrose IV - Recheck blood glucose in 15 minutes.  •  Page procedural physician or anesthesiologist if repeat CBG is <80 or >200. |
| 51 - 80 | •  Give 25 ml of 50% dextrose IV - Recheck blood glucose in 15 minutes.  •  Page procedural physician or anesthesiologist if repeat CBG is <80 or >200. |
| 81 - 200 | •  **Preoperatively** **only** if not taken at home, GIVE 1/2 of the patient's morning basal (Lantus, Levemir, NPH) insulin subcutaneously.  •  If patient is not on any insulin do not treat.  •  **POST OPERATIVE no insulin to be given.** |
| 201 - 250 | •  3 units of Regular insulin IVP. **Preoperatively** **only** if not taken at home GIVE ½ patient's morning basal (Lantus, Levemir, NPH) insulin subcutaneously.  •  Recheck blood glucose in 1 hour if patient remains in pre/post-procedural area.  •  Retreat according to protocol.  •  Page procedural physician or anesthesiologist if repeat CBG is <80 or >200. |
| 251 - 300 | •  4 units of Regular insulin IVP. **Preoperatively** **only** if not taken at home GIVE ½ patient's morning basal (Lantus, Levemir, NPH) insulin subcutaneously.  •  Recheck blood glucose in 1 hour if patient remains in pre/post-procedural area.  •  Retreat according to protocol  •  Page procedural physician or anesthesiologist if repeat CBG is <80 or >200. |
| 301 - 350 | •  6 units of Regular insulin IVP. **Preoperatively only** if not taken at home GIVE ½ patient's morning basal (Lantus, Levemir, NPH) insulin subcutaneously.  •  Recheck blood glucose in 1 hour if patient remains in pre/post-procedural area.  •  Retreat according to protocol  •  Page procedural physician or anesthesiologist if repeat CBG is <80 or >200. |
| Greater than 350 | •  8 units of Regular insulin IVP. **Preoperatively only** if not taken at home GIVE ½ patient's morning basal (Lantus, Levemir, NPH) insulin subcutaneously.  •  Recheck blood glucose in 1 hour if patient remains in pre/post-procedural area.  •  Retreat according to protocol  •  Page procedural physician or anesthesiologist if repeat CBG is <80 or >200. |

At KMHC - page/notify Anesthesiologist if CBG is <80 or >200 mg/dl.

**Anesthesia NPO Protocol:**

NPO except clear liquids and medications after midnight before surgery, STOP clear liquids 4 hours before scheduled operating room time.  If surgeon's NPO orders conflict with this protocol, page anesthesiologist for clarification.   Continue pain meds, ASA, inhalers, and Plavix unless a specific order is written to STOP.

\*\*If patient is in the Enhanced Recovery Program, patient is allowed to drink 12 ounces clear grape juice up to 2 hours prior to scheduled hospital arrival time.