Newly Diagnosed Hyperglycemia ED Discharge Protocol

Glucose > 200mg/dl during ED evaluation

Non-Pregnant, Adult Patients Only

Ensure patient not in DKA or HHS and has no admissable or serious concomitant illness.

Patient does not have a reversible cause of hyperglycemia such as short term (<1week) steroid use.

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.
ED CDU Adult New Diabetes

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

Yes

Glucose < 400 mg/dl
Activate Low Dose Protocol

Glucose ≥ 400 mg/dl
Activate Moderate Dose Protocol

Monitor Sugars QAC/HS per Protocol
- Activate hypoglycemia protocol for POC glucose < 70 mg/dl

HbA1c Result

7-10%
Go to “CDU Oral Medication Start”

≥ 10%
Go to “CDU Insulin Start”

Approved by AMSL Glycemic Control Transformation Team, 2015
CDU Oral Medication Start

HbA1c > 7% and < 10%

Is serum creatinine < 1.5 (women) or < 1.6 (men)?

**YES**

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

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

**NO**

Glipizide
5 mg daily & provide hypoglycemia education & Glucometer Rx

**If patient has a PCP, please contact prior to initiation of outpatient medications**
<table>
<thead>
<tr>
<th>Metformin</th>
<th>Glipizide</th>
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<tbody>
<tr>
<td>Biguanide</td>
<td>Sulfonylurea</td>
</tr>
<tr>
<td>Decrease hepatic glucose production</td>
<td>Increases insulin secretion by pancreas</td>
</tr>
<tr>
<td>Decrease insulin resistance</td>
<td></td>
</tr>
<tr>
<td>Can cause lactic acidosis</td>
<td>Can cause hypoglycemia</td>
</tr>
<tr>
<td>Do not use if:</td>
<td></td>
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<tr>
<td>• renal insufficiency (Cr ≥1.5 (female),</td>
<td></td>
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<tr>
<td>≥ 1.6 (male) or eGFR &lt; 60.</td>
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<tr>
<td>• Metabolic acidosis</td>
<td></td>
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<tr>
<td>• Iodinated IV contrast administration</td>
<td></td>
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<tr>
<td>(have to wait 48h before initiating)</td>
<td></td>
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<tr>
<td>Use with caution in setting of excess EtOH</td>
<td>Caution in elderly, hepatic or renal</td>
</tr>
<tr>
<td>intake, age &gt;80, hepatic disease, hypoxemia,</td>
<td>insufficiency.</td>
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<tr>
<td>dehydration.</td>
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<tr>
<td>May cause GI upset at initiation</td>
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</table>
CDU Insulin Start

Hyperglycemia HbA1c ≥10%
Can give injections

Readership

Provider prescribes insulin

Consult with Care Management

Is cost of glargine acceptable?

YES
Prescribe glargine 0.15 units/kg/day qhs

NO
Prescribe glucometer, lancets & test strips

Is cost of NPH acceptable?

YES
Prescribe NPH 0.15 units/kg/day Divided by 2

NO

**If patient has a PCP, please contact prior to initiation of outpatient medications**

Kate Zimmerman, D.O. 8/24/16