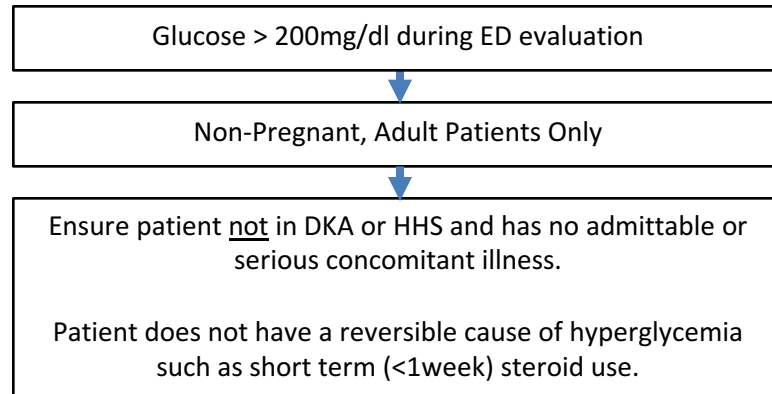


Newly Diagnosed Hyperglycemia ED Discharge Protocol

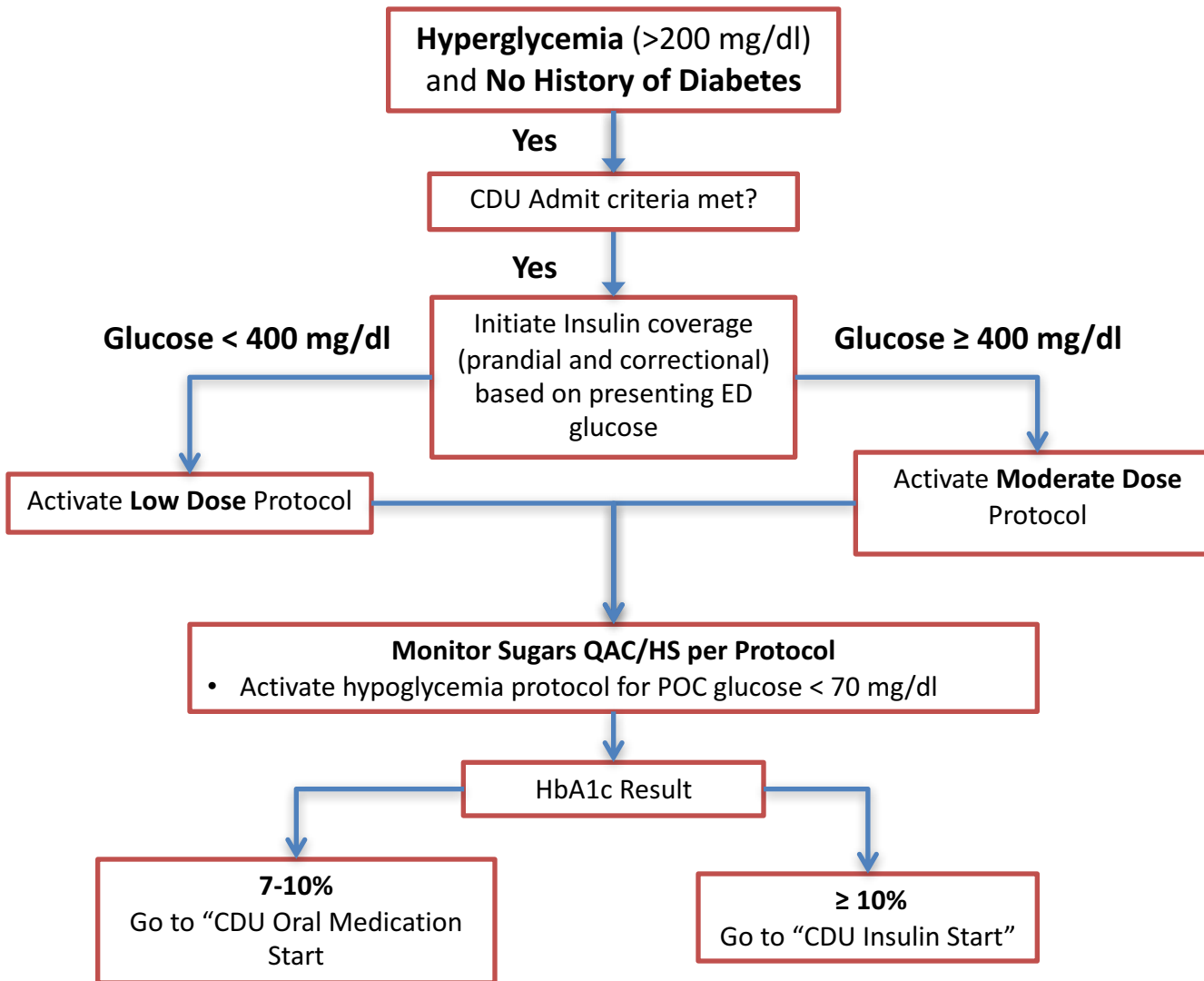
Approved by AMSL
Glycemic Control
Transformation
Team, 2015



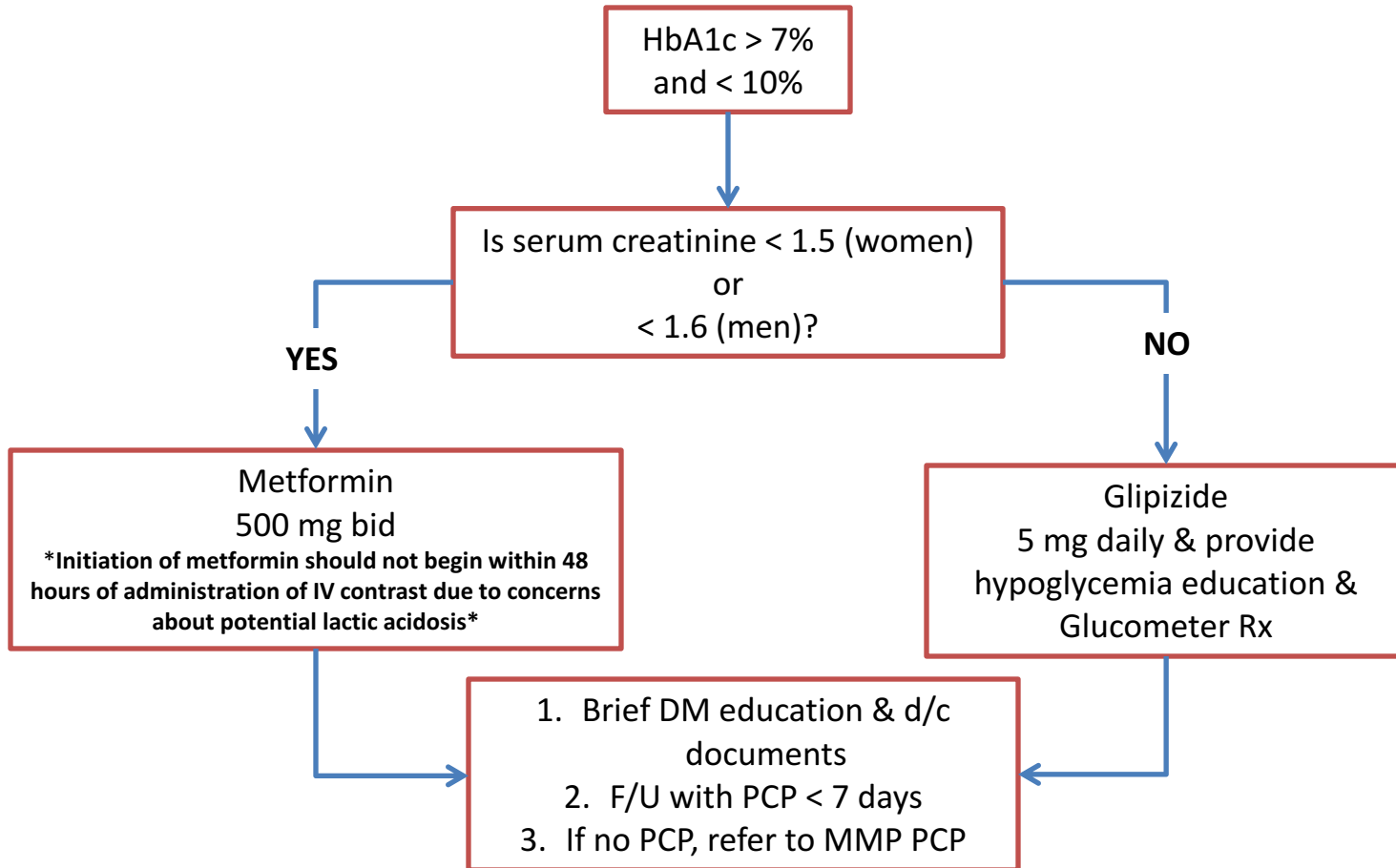
Asymptomatic Without polydipsia/uria Serum glucose < 250	Symptomatic polydipsia/uria Serum glucose 250 to 399, AG≤16	Symptomatic polydipsia/uria Serum glucose 400-600, AG ≤ 16
<p>ED treatment</p> <ol style="list-style-type: none"> BMP 	<p>ED treatment</p> <ol style="list-style-type: none"> BMP (if not already done) Consider 1-2 L NS 	<p>ED treatment</p> <ol style="list-style-type: none"> BMP (if not already done) Consider 2-3 L NS Start ED Correctional protocol with Moderate Dosing scale in Anticipation of CDU stay.
<p>ED DM Discharge Criteria</p> <ol style="list-style-type: none"> Do not delay discharge for repeat glucose testing or treatment unless otherwise indicated. 	<p>ED DM Discharge Criteria</p> <ol style="list-style-type: none"> Reasonably stable or downward trend of glucose. Should have at least one repeat measurement in ED prior to discharge. 	<p>ED DM Discharge Criteria</p> <ol style="list-style-type: none"> Stable or downward trend of glucose. Requires at least one repeat measurement in ED correctional protocol. Consider admission to CDU.
<p>Disposition Best Practice</p> <ol style="list-style-type: none"> Brief DM education & d/c documents F/U with PCP < 7 days If no PCP, refer to MMP PCP 	<p>Disposition Best Practice</p> <ol style="list-style-type: none"> Ensure proper follow-up (see guidelines to left). Suggest: <ul style="list-style-type: none"> 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. 	<p>Disposition Best Practice</p> <ol style="list-style-type: none"> Ensure proper follow-up (see guidelines to left). 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



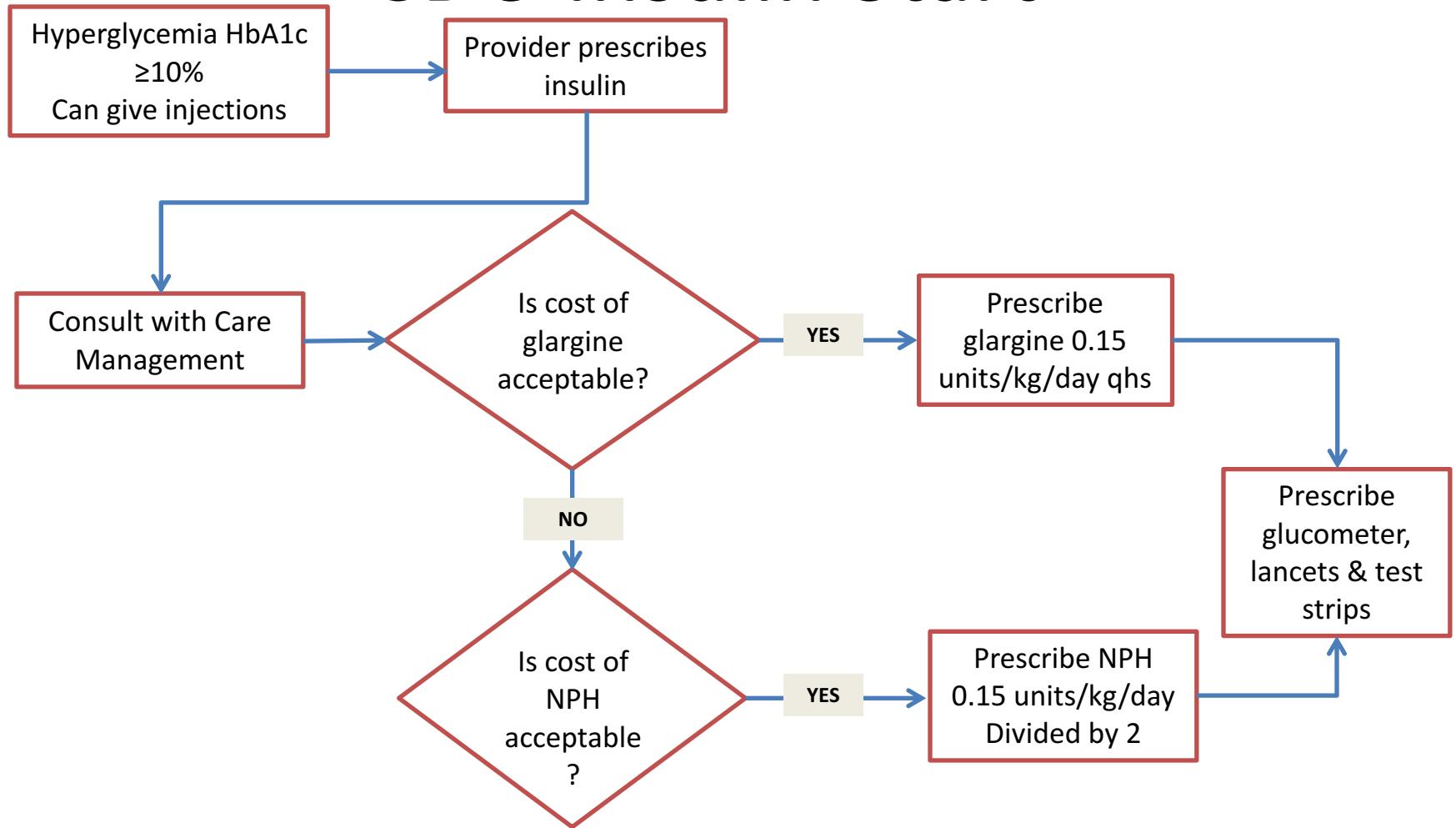
CDU Oral Medication Start



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

Metformin	Glipizide
Biguanide	Sulfonylurea
Decrease hepatic glucose production Decrease insulin resistance	Increases insulin secretion by pancreas
Can cause lactic acidosis	Can cause hypoglycemia
Do not use if: <ul style="list-style-type: none"> • renal insufficiency (Cr \geq1.5 (female), \geq 1.6 (male) or eGFR < 60. • Metabolic acidosis • Iodinated IV contrast administration (have to wait 48h before initiating) 	Hold if not eating
Use with caution in setting of excess EtOH intake, age >80, hepatic disease, hypoxemia, dehydration.	Caution in elderly, hepatic or renal insufficiency.
May cause GI upset at initiation	

CDU Insulin Start



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