

Management of diabetes in the hospital

Assess prior glucose control (HbA1c, home glucose)
Order HbA1c if not done in the previous 3-6 months
Monitor capillary glucose: - Before meals if eating
 - Every 4-6 hours while awake if not eating

Home diabetes therapy

Insulin

Oral diabetes agents or GLP-1 RA

Controlled glucose
or control is unknown
before admission

Uncontrolled glucose
before admission

Hold treatment

Reduce insulin
doses by 25%

Adjust insulin doses
Consider switching to
basal + meal regimen

Controlled glucose
(Target glucose 140-180 mg
[7.8-10 mmol])

Uncontrolled glucose
(before admission or
in-hospital)

If patient is not eating

Continue glucose monitoring

Basal + supplemental meal insulin
(Target glucose 140-180 mg [7.8-10 mmol])

Glucose
>300 mg
(16.6 mmol)

Glucose
180-300 mg
(10-16.6 mmol)

Glucose still
uncontrolled

Critically ill patient

Basal insulin
0.2 u/kg/day and
meal insulin 4 units
tid

Basal insulin
0.1 u/kg/day

Add scheduled
meal insulin

IV insulin infusion (preferred)
Or basal + meal insulin if needed
(Target glucose 140-180 mg [7.8-10 mmol])

Adjust doses per
glucose levels

Glucose still
uncontrolled

Add meal insulin
4 units with main
meal then assess
need with other
meals

- Basal insulin: Glargine, Detemir, Degludec, NPH
- Meal insulin: Regular, Lispro, Aspart, Glulisine