PACU DIABETES ORDERS

Treatment of Hypoglycemia (BG <70 mg/dL) or symptoms of hypoglycemia
☐ Turn off insulin infusion for any BG below goal (see OR & PreOp holding insulin protocol) AND
☐ Give 25 mL (1/2 amp) of 50% dextrose IV if BG 50-69 mg/dL OR
☐ Give 50 mL (1 amp) of 50% dextrose IV if BG < 50 mg/dL.
☐ Recheck BG every 20 minutes until BG ≥100 mg/dL
→ IF BG is <70 mg/dL repeat 25 mL (1/2 amp) 50% dextrose

☐ Patient is to be admitted to the hospital or stay overnight on 4 South
   • Continue Operating & PreOp holding insulin infusion protocol with hourly blood glucose monitoring
   • Call surgical team for post Op insulin orders

☐ Patient will be discharged to home from the PACU
   • Discontinue insulin infusion upon arrival to PACU
   • Check blood glucose (BG) on arrival and hourly until discharge
     If BG>250 mg/dL - Call anesthesiologist for additional orders
   • PATIENT RECEIVES INSULIN AS A ROUTINE MEDICATION AT HOME
     • If BG>140 mg/dL administer Lispro (Humalog®) insulin every 3 hours using the algorithm below.
     (Blood glucose is checked hourly but correction Lispro is given only every 3 hours)

<table>
<thead>
<tr>
<th>Blood Glucose (mg/dL)</th>
<th>Patient ≤ 50 kg</th>
<th>Patient 51-70 kg</th>
<th>Patient 71-90 kg</th>
<th>Patient &gt;90 kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>141-199</td>
<td>0 unit</td>
<td>2 units</td>
<td>3 units</td>
<td>4 units</td>
</tr>
<tr>
<td>200-249</td>
<td>2 units</td>
<td>4 units</td>
<td>5 units</td>
<td>6 units</td>
</tr>
<tr>
<td>250-299</td>
<td>4 units</td>
<td>6 units</td>
<td>7 units</td>
<td>9 units</td>
</tr>
<tr>
<td>300-349</td>
<td>6 units</td>
<td>8 units</td>
<td>10 units</td>
<td>12 units</td>
</tr>
<tr>
<td>&gt;349</td>
<td>7 units</td>
<td>9 units</td>
<td>12 units</td>
<td>14 units</td>
</tr>
</tbody>
</table>

• Restart routine prandial subQ insulin once patient is able to resume usual oral diet and/or
• Resume basal subQ insulin at next scheduled dose or
• Resume subQ insulin pump once patient awake and able to self manage his/her diabetes
  (To have RN administer insulin at UWMC, you must complete Sub-Q insulin order form UH1807)

☐ NON-INSULIN TREATED PATIENT
Instruct patient at discharge to restart oral anti-diabetic agents EXCEPT METFORMIN once able to resume oral diet (provide patient with “How to Manage Your Diabetes Before and After Surgery” handout)

☐ FOR PATIENTS TAKING MEFORMIN (CHECK ONE BELOW):
☐ Procedure unlikely to alter renal function: (e.g. Cataract or minor orthopedic procedures)
  • Restart Metformin once patient is able to resume his/her usual oral diet
☐ Procedure likely to alter renal function: (e.g. upper GI procedure, procedure involved significant blood loss and/or IV contrast/aminoglycoside administration):
  • Instruct patient to call primary care physician in 2 days before restarting Metformin