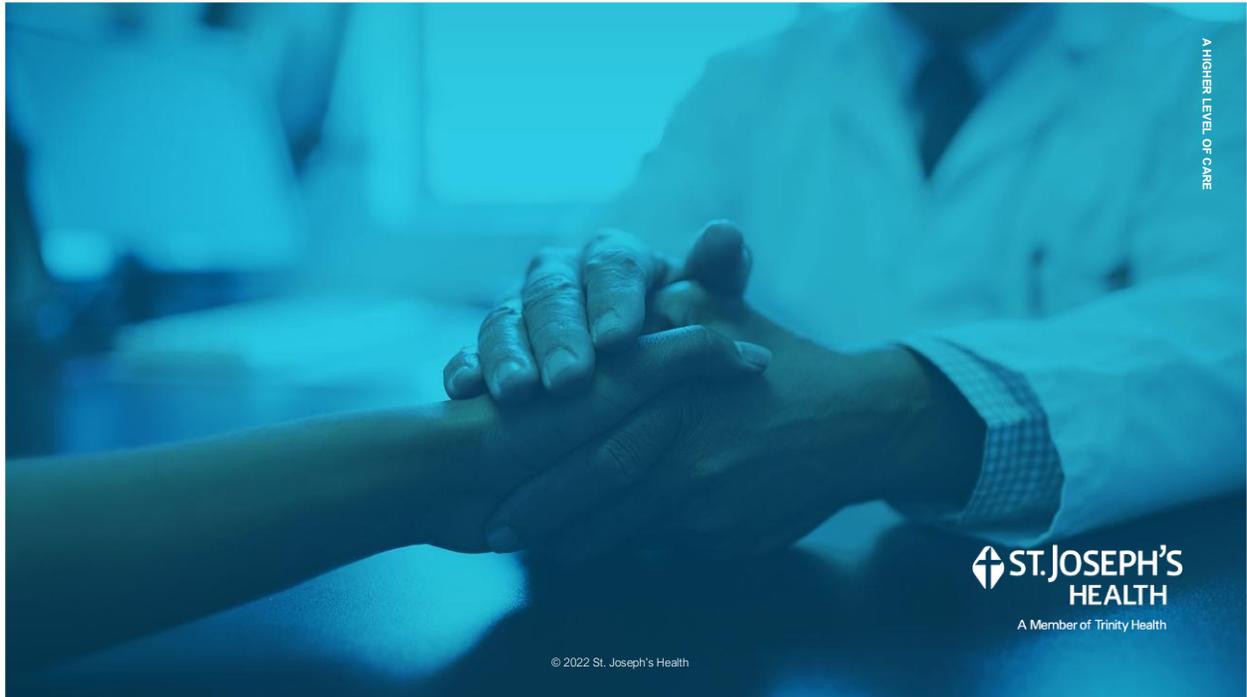


YOUR GUIDE TO MANAGING DIABETES IN THE HOSPITAL



Thank you for choosing St. Joseph's Health for your health care and diabetes education needs. We look forward to helping you on your journey toward better health.

FACTORS AFFECTING BLOOD SUGAR

If you have diabetes, your blood sugar levels can rise, or fall based on many factors. The amount your levels change can be different from day to day. The following are some of the common factors that affect blood sugar levels:

- Stress
- Pain
- Infection
- Sleep
- Changes in diet/appetite
- Changes in activity level
- Hormones
- Hydration
- Medications (Steroids, Antipsychotics, Immunosuppressants)

For most hospitalized patients, a glycemic goal of 140-180 mg/dL is recommended to help reduce the risk of both hyperglycemia and hypoglycemia, which can cause serious complications during hospitalization. Maintaining blood sugar within this range supports better overall outcomes and helps prevent issues such as infection, delayed healing, and cardiovascular events. Lower glycemic targets may be more appropriate for certain populations, such as those undergoing cardiac surgery or pregnant individuals, depending on their specific clinical circumstances.

Hypoglycemia=Low
blood sugar

Hyperglycemia=High
blood sugar

MONITORING

- Your blood sugar will be checked 3 to 4 times daily (or more) using a hospital glucometer
- If you notice any symptoms of low blood sugar or high blood sugar, tell your nurse right away so they can check your blood sugar

When you get sick, your body releases hormones to get better, and those hormones can raise your blood sugar

Hypoglycemia	Hyperglycemia
Shaking	Extreme thirst
Fast heartbeat	Frequent urination
Dizziness	Weakness
Anxious/Irritable	Dry Mouth
Sweating	Blurred Vision
Extreme hunger	Extreme hunger
Headache	Upset stomach/nausea
Confusion	Confusion
Drowsy/Fatigue/Sleepy	Drowsy/Fatigue/Sleepy

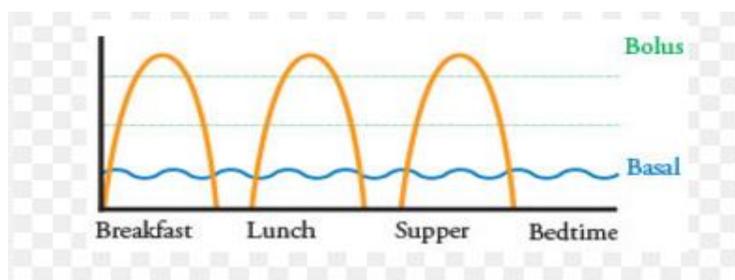
DIABETES CARE IN THE HOSPITAL

Based on the annually updated American Diabetes Association (ADA) "Standards of Care in Diabetes."

Standard treatment for patients with diabetes: Basal/bolus Insulin therapy

Type of Insulin	How it works	Timing/Administration
Basal Insulin (Long acting) <ul style="list-style-type: none"> • Glargine (Lantus) • Basaglar • Semglee • Rezvoglar • Degludec (Tresiba) 	<ul style="list-style-type: none"> • Acts like the body's natural, continuous insulin release • "background" insulin • Controls blood sugar between meals and nighttime 	<ul style="list-style-type: none"> • Onset of action: 2-4 hours • Peak: No peak • Duration: 20-24 hours • Frequency: Administered 1-2x daily
Bolus Insulin <ul style="list-style-type: none"> • Aspart (Fiasp) • Aspart (Novolog) • Lispro-aabc (Lyumjev) • Lispro (Humalog) • Lispro (Admelog) • Glulisine (Apidra) 	<ul style="list-style-type: none"> • Think of this as needing a "booster" or "burst of Insulin" • Rapid or short-acting Insulin that is given with meals and to correct high blood sugars 	<ul style="list-style-type: none"> • Onset of action: 15-30 minutes • Peak: 1-3 hours • Duration: 3-5 hours • Frequency: Typically administered 3x daily with meals based on blood sugar

- ✓ Mealtime Insulin should be administered within 30 minutes of obtaining blood sugar and within 30 minutes of eating
- ✓ If you are unsure how much you will eat, the nurse may wait and administer the insulin when you finish your meal
- ✓ To mitigate post-prandial hyperglycemia (high blood sugar after meals), ask your nurse to bring in your Insulin prior to consuming your meal



IMPORTANT! If you are scheduled for a procedure or test, or you are unable to eat, Insulin dosing may be adjusted. Please note that just because you are not eating does not mean that you may not require Insulin

INSULIN PUMPS AND CONTINUOUS GLUCOSE MONITORS

If you are wearing an Insulin pump, please make sure that staff are aware!

- ✓ In most cases, you may continue to wear your insulin pump and/or continuous glucose monitor (CGM)
- ✓ Contraindications for insulin pump therapy during hospitalization include but are not limited to: Altered mental status/confusion, lack of supplies, undergoing surgical procedure >2 hours, critically ill/DKA (Diabetic Ketoacidosis)
- ✓ Requirements for Insulin pump use: Signed consent, Insulin pump and CGM supplies, flowsheet at bedside (see below)

Date	Time	Blood Glucose (g/dL)	Basal Rate (Units/hr.)	Bolus (units)	Carbo-hydrates (g)	Patient Initials	RN review Initials

Continuous Glucose Monitors

- ✓ Acceptable to wear during hospitalization for personal awareness
 - ✓ Finger stick will still be obtained using hospital glucometer based on MD orders
 - ✓ There may be “lag times” between finger stick/glucometer value and CGM measurement (as glucose levels rise or fall the difference in measurements between finger stick and CGM may be greater)
- ❖ **MOST Insulin pumps and CGM’s need to be removed for Imaging (X-ray, CT, MRI, PET scan) and can be resumed once completed**

NUTRITION THERAPY DURING YOUR HOSPITAL STAY

The American Diabetes Association does not endorse any single meal plan or specific percentage of macronutrients. Current nutrition recommendations advise individualization based on treatment goals and medications.

Patients with a history of diabetes will **most likely** have a consistent carbohydrate diet ordered.

What is a consistent carbohydrate diet?

This means that you can order up to X amount of carbohydrates per meal based on the order. One choice=15g carbs, 5 choices=75g carbs.

Options include: 45g, 60g, 75g, 90g PER meal (Attending provider will order the amount of carbs, most common is 75g per meal/5 choices)

Breakfast ideas:

- Made to order omelet, wheat toast, fruit cup
- Oatmeal or cream of wheat, turkey sausage
- Breakfast eggs, bacon, toasted english muffin

Lunch ideas:

- Baked fish, vegetable blend, coleslaw
- Grilled chicken Caesar salad, fruit cup, cottage cheese
- Deli sandwich on wheat, baked chips

Dinner ideas:

- Roast Turkey with gravy, Vegetable blend
- Homestyle Meatloaf, vegetable blend/fruit cup
- Chicken Noodle Soup, ½ sandwich on wheat bread, fruit cup

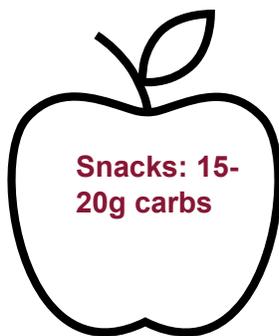


Aim for:

Vegetables, fruits, whole grains
Fat-free or low-fat dairy products
Fish, poultry, beans, nuts
Foods that are grilled or baked

Avoid/Limit:

Fried foods
Foods high in saturated fat, such as fatty meats, full-fat dairy products
Sugar-sweetened beverages and sweets



Snack ideas:

- One serving of fruit
- One package of graham crackers & peanut butter
- Sugar free pudding/Jello
- Veggies & hummus

If you are receiving food from outside the hospital, kindly notify your nurse. This will help ensure that you receive the appropriate treatment for your diabetes. Thank you for your cooperation!

FREQUENTLY ASKED QUESTIONS

Why am I not receiving the medications that I take at home for my diabetes?

- Other than Insulin, most diabetic medications are stopped in the hospital setting due to the risk for hypoglycemia, potential drug interactions with other medications, and increased risk of renal or hepatic failure.

Will I resume my previous home regimen on discharge?

- In most cases, individuals will resume their home regimen following discharge. Should there be a notable alternation in glucose levels or an increase in Hemoglobin A1C (a laboratory test that provides an average of blood sugar levels over the preceding two to three months), the care team may suggest additional or alternative treatment options. Please review your discharge instructions for further clarification.

What are some common steroid medications that can increase blood sugar levels?

- Prednisolone
- Methylprednisolone
- Dexamethasone
- Hydrocortisone

Talk to your doctor or diabetes care team about monitoring your blood glucose levels more closely and ask how to adjust your diabetes medication and/or insulin when you are taking steroid medications.

I have additional questions about nutrition therapy for diabetes management, who can I talk to?

- Ask your nurse to arrange a Nutrition Consult to discuss your specific meal planning needs with a Registered Dietitian or Nutritionist.

I need more education regarding diabetes management, what can I do?

- Ask your nurse to place a consultation for diabetes education with our Certified Diabetes Care and Education Specialist. Consults are prioritized based on needs. If unable to speak with the diabetes educator prior to discharge, contact information is listed below.

Kim Cerra, BSN, RN

Certified Diabetes & Education Specialist

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