

KEEPING YOUR DIABETES ON TRACK DURING HOSPITALIZATION: WHAT TO EXPECT

Hyperglycemia is the medical term for blood glucose (sugar) that is too high. High blood glucose (HBG) is a common problem for people with diabetes. Blood glucose can also rise too high for patients in the hospital, even if they do not have diabetes.

COMMON SIGNS AND SYMPTOMS OF HYPERGLYCEMIA



Fatigue



Hunger



Thirst



Frequent Desire to Urinate



Trouble Focusing Vision

REDUCING DIABETES-RELATED HOSPITALIZATIONS

- Stay in touch with your diabetes care team and reach out sooner than later when a problem arises
- Become familiar with your diabetes care plan and ask your healthcare provider questions if you do not understand
- Check your blood sugar levels as prescribed—more often when not feeling well/sick/other health problems

If you have previously been admitted to the hospital, make sure you

- Understand your discharge regimen
- Determine if you are able to incorporate prescribed regimen at home (cost, skills, time/schedule) and ensure you have all needed supplies before leaving
- Know who to call if a problem or question occurs
- Follow-up with diabetes care team within month

BEING PREPARED FOR HOSPITAL ADMISSION

It is always important to be prepared for hospital admission. Create a hospital admission kit with the following items:



List of all medications and doses



List of type, dose, and timing of your insulin regimen—be sure basal insulin is not forgotten just because you are in the hospital



If on an insulin pump and/or CGM—let the hospital know what you are wearing and bring your insulin pump and CGM supplies to the hospital

DID YOU KNOW



Studies show that patients with diabetes account for 25% of non-critical hospitalizations. Another 12%-25% of patients who are hospitalized experience hyperglycemia (blood glucose >180 mg/dL).



Visit endocrine.org for more information.

Editors: Craig Nielsen, MD; Irl Hirsch, MD, MACP;

Kellie Antinori-Lent, MSN, RN, ACNS-BC, BC-ADM, CDE

Developed for patients based on *Management of Hyperglycemia in Hospitalized*

Patients in Non-Critical Care Settings: An Endocrine Society Clinical Practice Guideline

TREATING HYPERGLYCEMIA IN THE HOSPITAL: WHAT YOU SHOULD KNOW

- You may be able to continue using an insulin pump or CGM depending on the hospital, but if you are too sick you will need to take injections until you feel better
- A different brand of insulin may be used depending on what is available at the hospital
- Sometimes being in the hospital can affect your eating habits, which can lead to a reduction in your basal dose of insulin
- Mealtime insulin is sometimes administered after a meal to ensure you are able to eat everything on your tray
- If you are eating normally and are on meal dosing, ask the nurse to bring your insulin prior to eating for the best glucose results
- If you are prescribed a correction scale of insulin before your meals, hold off on eating until your glucose is checked again
- Know that with some radiology procedures, especially MRI (Magnetic Resonance Imaging), you will need to remove your devices, so they do not affect the machine or device
- If you need surgery, whether or not you continue to use diabetes technology will depend on many factors including type and length of surgery and hospital protocols.

BEST PRACTICES IN THE HOSPITAL

- During your stay ask to see a diabetes educator or endocrinologist on staff. If your endocrinologist is not on staff at the hospital, contact your healthcare team.
- If the hospital admission is empowering you to take a renewed interest in your diabetes care, ask for patient education. If a diabetes educator is available, request a visit to your room.
- Make certain glucoses are being checked routinely
- Ask your healthcare team to participate in shared decision making when discussing your treatment
- Make sure to write your questions down and get them answered before discharge
- Schedule a follow-up with your PCP (primary care provider) and/or diabetes health care provider—schedule prior to discharge to ensure prompt follow-up
- Ask who your point of contact is if you have questions/problems post-discharge, especially if this is a new diagnosis
- Ask who you should call if your blood sugar is too high or too low
- Get a copy of your discharge instructions and blood glucose levels to bring it to your next doctor's appointment
- Enroll in diabetes education class (if not received before discharge)
- If you are already working with a diabetes care/education specialist (diabetes educator), call to let them know you were in the hospital.



QUESTIONS TO ASK YOUR HEALTHCARE PROVIDER

- What are my diabetes goals? (glucose, A1c, Time-in-Range, blood pressure, and lipids)
- What support is available to help me stop smoking?
- What medications/doses was I prescribed while in the hospital?
- What were my blood sugar levels while in the hospital?
- Who is overseeing my diabetes care post-discharge?



Patients have questions. We have answers.

Endocrine Society is your trusted source for endocrine patient education.

Our free, online resources are available at endocrine.org/patient-engagement