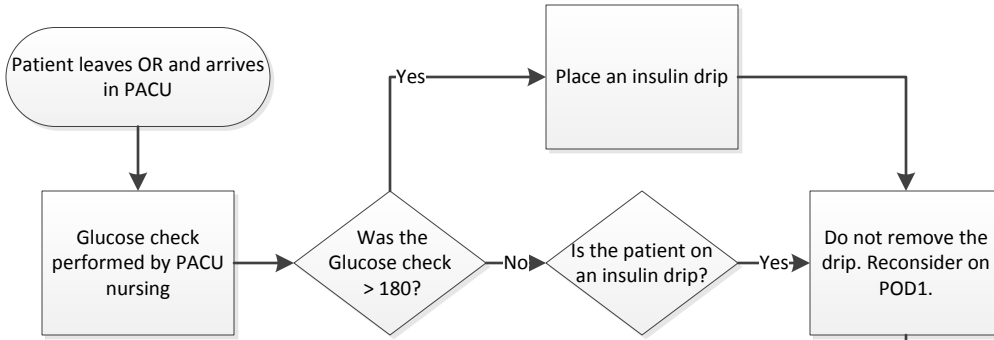
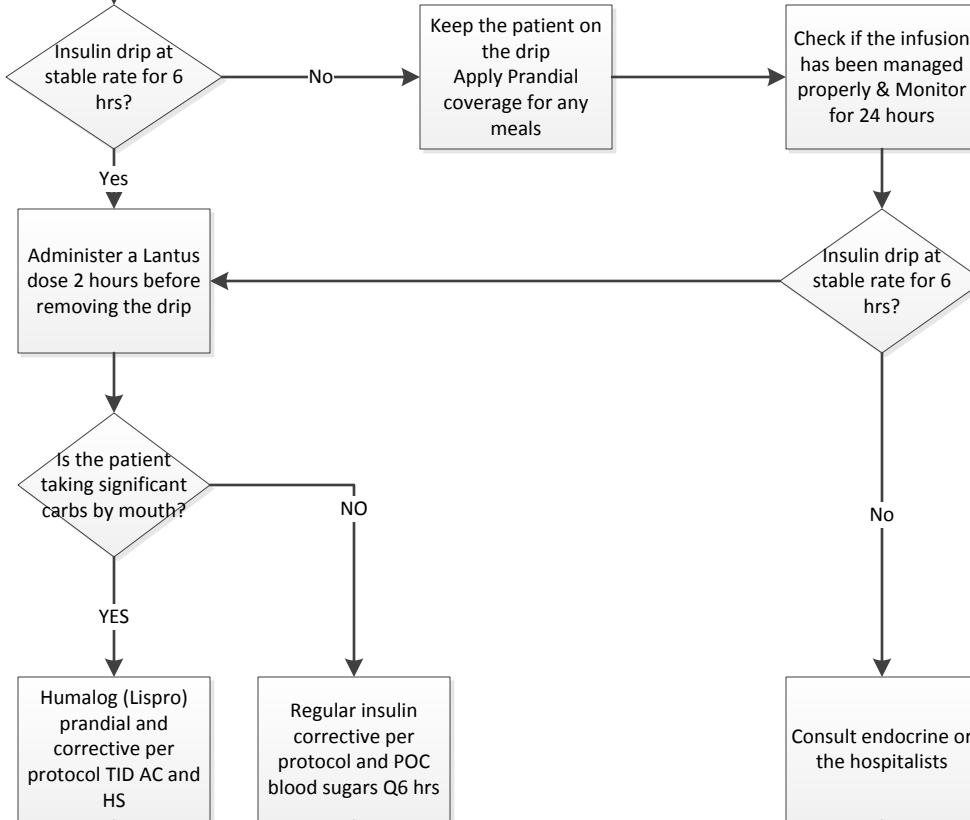


Post-Operative Glucose Control

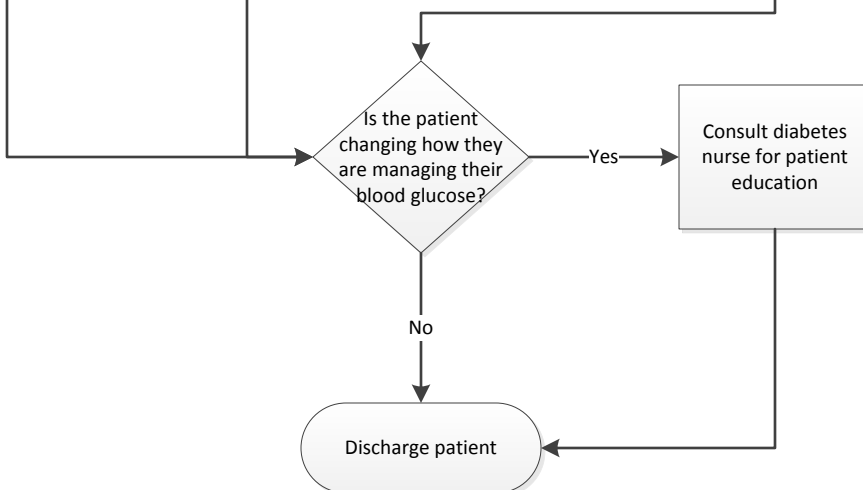
PACU



POD1+



Day of Discharge



Instructions for glargine (Lantus) dose:

If insulin requirement expected to remain the same:
- daily glargine dose = $0.8 * 24 * IIR$

If insulin requirement expected to decrease (infection improving, weaning steroids, etc):
- daily glargine dose = $0.6 * 24 * IIR$
(IIR = Avg hourly insulin infusion rate past 6 hrs)

It is best that transitions from the drip occur in the mornings, not overnight.

Intranet -> Depts & Initiatives -> Diabetes (Glycemic control) Program
-> Insulin -> Clinical Decision Support Tool - Transition from IV to SC Insulin.

When to consult endocrinology vs. hospital medicine:
Endocrine consult- anticipate follow-up with endocrine clinic
Hospitalist consult- anticipate follow-up with PCP

It is important to involve the diabetes nurse educators when a patient is leaving the hospital managing their glucose in a new way