**Management of the Inpatient with Hyperglycemia**

For patients with poor glucose control, new to insulin, or taking oral antidiabetic agents prior to hospitalization

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**Step 1:** Discontinue oral antidiabetic agents if using this insulin protocol.

**Step 2:** Calculate the estimated total daily dose (TDD) of insulin patient may require; consider adjusting this up or down based on patient’s home regimen and the control they have on it:
- **Standard (Pt w/ normal body habitus):** 0.4 units/kg/day
- **If pt very lean, on hemodialysis or very sensitive to insulin (hypoglycemia risk factors):** 0.3 units/kg/day
- **If pt overweight:** 0.5 units/kg/day
- **If pt obese, on steroids, or known to be insulin-resistant:** 0.6 units/kg/day (or more)

**Step 3:** Determine the distribution of the TDD calculated above based on nutrition regimen.

**If pt eating or receiving bolus tube feeds:**
- Check glucose qac and qhs
- **Basal insulin:** Glargine – 0.5 x TDD dosed once a day
- **Nutritional insulin:** Rapid acting insulin – 0.5 X TDD, in 3 divided doses with first bite of each meal (decrease the dose if nutritional intake is <100%)
- **Correction insulin,** in addition to nutritional insulin: Based on insulin sensitivity (adjust if necessary)

**If pt receiving continuous infusions of tube feeds or parenteral nutrition:**
- Check glucose q6h
- **Basal insulin:** Glargine – 0.4 x TDD dosed once a day
- **Nutritional insulin:** regular insulin – 0.6 X TDD, in 4 divided doses (decrease the dose if nutritional intake is <100%)
- **Correction insulin,** Based on insulin sensitivity (adjust up or down if necessary)

**If pt NPO (or nearly NPO, taking clear liquids only):**
- Check glucose q6h
- **Start low-dose dextrose infusion** (D5 1/2 NS at 75mL/hr)
- **Basal insulin:** Glargine – 0.5 x TDD dosed once a day
- **Nutritional insulin:** NONE (d/c previous)
- **Correction insulin,** consider temporary use of regular insulin correction dose scale

**Step 4:** Re-evaluate & adjust the TDD daily based on the glycemic control of the previous 24h:
- If any glucose > 180, and no threat of hypoglycemia, increase TDD by 10-20%
- If glucose consistently > 180 – 200, increase TDD by 30%
- If any episodes hypoglycemia (FS <70), start D5 1/2NS at 75mL/hr and decrease TDD by 20%

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**Target inpatient Blood glucose levels:**

140 - 180

**Consider medicine consult, and diabetes education**