

Diabetes care in the hospital: Standards of care in diabetes – 2023

ElSayed NA, et al. *Diabetes Care*. 2023;46(Suppl 1):S267–S278.

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Reading/observation time: 5 min.

Reading/observation time (including additional information): 11.5 min.

KEY TAKEAWAY

A multidisciplinary expert committee convened by ADA to update the standards of care in diabetes suggested that for hospitalized people with diabetes



Careful management has direct and immediate benefits



Management of diabetes is enabled by:

- Preadmission hyperglycemia treatment
- Establishing elective procedures
- Dedicated inpatient diabetes service using validated standards of care
- Careful transition to pre-arranged outpatient management



Sound diabetes management strategies can:

- Shorten hospital stays
- Reduce readmission rates and ER visits
- Improve patient outcomes

WHY THIS MATTERS



In hospitalized patients, hyperglycemia, hypoglycemia, and glucose variability are associated with:

- Adverse outcomes
- High morbidity and mortality



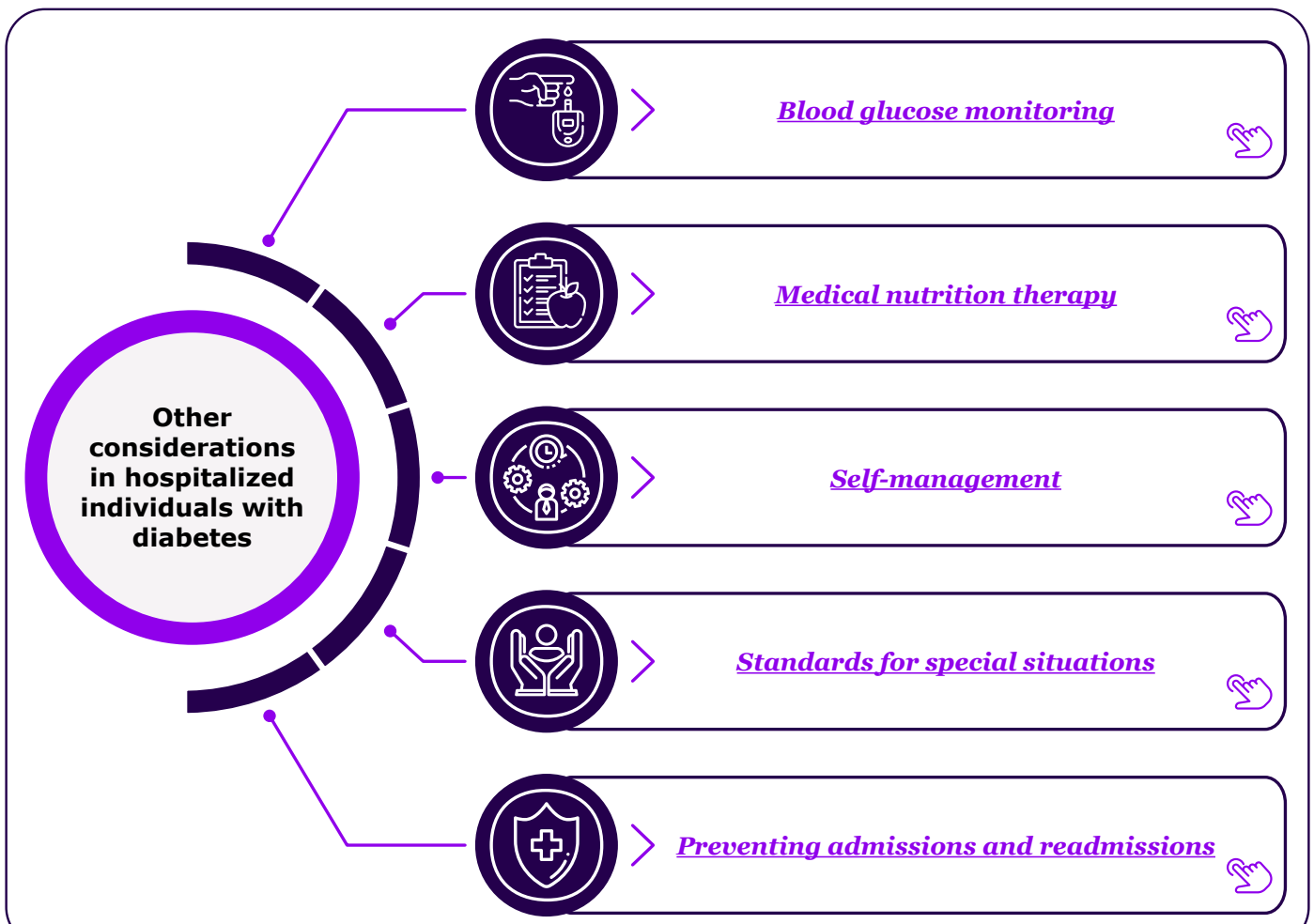
ADA's current standard of care recommendations provide components of diabetes care, treatment goals, and tools to assess quality of care in the hospital setting.

KEY HIGHLIGHTS

CLINICAL PRACTICE RECOMMENDATIONS TO OPTIMIZE CARE FOR HOSPITALIZED PATIENTS WITH DIABETES

Category	Recommendations	Level of evidence
Hospital care delivery standards	<ul style="list-style-type: none"> • Perform A1C test on all people with diabetes or hyperglycemia (blood glucose >140 mg/dL [7.8 mmol/L]) admitted to hospital if not done in prior 3 months • Administer insulin using validated written or computerized protocols that permit predefined adjustments in insulin dosage based on glycemic fluctuations 	B
Diabetes care specialists in hospital	<ul style="list-style-type: none"> • When caring for hospitalized people with diabetes, consult with specialized diabetes or glucose management team when possible 	C
Glycemic targets in hospitalized adults	<ul style="list-style-type: none"> • Insulin therapy should be initiated for treatment of persistent hyperglycemia starting at threshold ≥ 180 mg/dL (10.0 mmol/L) (checked on two occasions) <ul style="list-style-type: none"> – Once insulin therapy starts, target blood glucose range of 140–180 mg/dL (7.8–10.0 mmol/L) is recommended for most critically ill and noncritically ill patients 	A
	<ul style="list-style-type: none"> – More stringent goals, such as 110–140 mg/dL (6.1–7.8 mmol/L) or 100–180 mg/dL (5.6–10.0 mmol/L) may be appropriate for selected patients and acceptable if they can be achieved without significant hypoglycemia 	C
Glucose-lowering treatment in hospitalized patients	<ul style="list-style-type: none"> • Basal insulin or basal plus bolus correction insulin regimen is preferred treatment for noncritically ill hospitalized patients with poor oral intake or those taking nothing by mouth • Insulin regimen with basal, prandial, and correction components is preferred treatment for most noncritically ill hospitalized patients with adequate nutritional intake • Use of correction or supplemental insulin without basal insulin (often referred to as sliding scale) is discouraged in inpatient setting 	A
Hypoglycemia	<ul style="list-style-type: none"> • Hypoglycemia management protocol should be adopted and implemented by each hospital or hospital system <ul style="list-style-type: none"> – Establish a plan for preventing and treating hypoglycemia for each individual – Episodes of hypoglycemia in hospital should be documented in medical record and tracked for quality improvement/assessment 	E
	<ul style="list-style-type: none"> • Review and change treatment regimens as necessary to prevent further hypoglycemia when blood glucose <70 mg/dL (3.9 mmol/L) is documented 	C
Transition from hospital to ambulatory setting	<ul style="list-style-type: none"> • A structured discharge plan should be tailored to individual with diabetes 	B

[ADA evidence-grading system for Standards of Care in Diabetes](#)



Please refer the source publication [ElSayed NA, et al.](#) for additional details.

ABBREVIATIONS:

ADA, American Diabetes Association; A1C, glycated hemoglobin; ER, emergency room.

REFERENCE:

ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al. 16. Diabetes care in the hospital: Standards of care in diabetes—2023. *Diabetes Care*. 2023;46(Suppl 1):S267–S278. doi: 10.2337/dc23-S016. PMID: 36507644.