

Nursing Services Guidelines Operating Room

Title: BLOOD GLUCOSE MONITORING PROTOCOL

Responsibility: Anesthesia Department/Medical Staff

Purpose of Guidelines: To optimize glycemic control for surgical patients peri-operatively

which will assist in minimizing post-operative infection and/or other

complications.

Procedure:

1) Diabetic patients should be scheduled as a first case if possible.

2) All diabetics will have an HbA1c ordered in the clinic, at the time of booking the case.

a) < 7% - Go

b) 7-9% – Go/No Go on a case by case basis as determined by anesthesia and surgery

c) >9% - NO GO

3) All patients are to have a FSBS on day of service in pre-op.

a) $BS \le 200 mg/dl - Go$

b) BS>200mg/dl but <300mg/dl – Go/No Go on a case by case basis as determined by anesthesia and surgery

c) BS>300mg/dl – **NO GO**

4) Recommendations for insulin the day of service.

a) Patients should take their full basal insulin dose (long acting)

5) Metformin

a) For surgeries including abdominal, thoracic and intracranial: Metformin, and combination drugs including Metformin, should be discontinued after the last usual dose the morning of the <u>day before</u> the scheduled surgery. Metformin <u>should not</u> be taken the morning of surgery.

b) All other surgeries: Metformin can be taken the night before surgery but <u>should not</u> be taken the morning of surgery.

6) Patients with insulin pumps

a) Continue their basal rate during the perioperative period. If surgery interferes with the site or position, then turn off and convert to an insulin gtt.

7) Target FSBS in the OR

a) For patients during the perioperative period a target FSBS of 140 - 180 for those on an insulin gtt.

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