


Name of Policy: <u>Preoperative Metformin Dosing</u> Policy Number: 3364-126-07 Department: Nursing Service Peri-operative Approving Officer: Chief Nursing Officer Responsible Agent: Nursing Director, Endoscopy and Surgical Support Services Scope: Peri-Operative	 Effective Date: 6.15.2023 Initial Effective Date: 10/28/11				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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(A) Policy Statement

The incidence of diabetes is high and continues to increase. Control of blood glucose in the surgical patient is paramount to successfully decrease the potential for complications related to poor glucose control.

(B) Purpose of Policy

To standardize the care of the surgical patient throughout the perioperative process, and to optimize perioperative blood glucose control in the diabetic patients.

(C) Target

Pre-Admission Testing (PAT) nurses, hospital nursing staff, surgeons, and clinic staff provide pre-op instructions in a timely manner to allow correct dosing of metformin prior to a surgery or procedure.

(D) Procedure

- 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 day before the scheduled surgery. Metformin should not be taken the night before or the morning of surgery.
- All other surgeries:
 - Metformin can be taken the night before surgery but should not be taken the morning of surgery.

Example of Metformin containing drugs

Actoplus Met ® and Actoplus Met XR® (pioglitazone/metformin)
 Avandia ® and Avandamet ® (rosiglitazone/metformin) Fortamet ® (extended release)
 Fortamet (extended release metformin)
 Glucophage ® and Glucophage XR ®
 Glucovance ® (glyburide/metformin)
 Glumetza ® (extended release metformin)
 Invokamet ® (canagliflozin/metformin)
 Janumet ® and Janumet XR ® (sitagliptin/metformin)
 Jentadueto ® (linagliptin/metformin)
 Kazano ® (alogliptin/metformin)
 Kombiglyze XR ® (saxagliptin/metformin)

<p>Approved by:</p> <p>_____/s/_____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p><i>Review: Policy & Standard Committee, 6/14, 6/17, 6/2020, 6/2023</i> <i>Revision Assistance by: Carol Bates, MSN, Ed, RN</i> <i>Revision by: Michelle Mallett, MSN, RN, CNOR, Director of Surgical Services</i></p>	<p>Review/Revision Date: 10/2011 6/2014 6/2017 6/2020 6/2023</p>
	<p>Next Review Date: 06/2026</p>
<p>Policies Superseded by This Policy:</p>	