

NURSING SERVICES GUIDELINE OPERATING ROOM

Guideline: Blood glucose monitoring
protocol



Policy Number Superseded:

Responsibility: Anesthesia Department/
Medical Staff

Effective Date:
June 2024

Purpose of Guidelines: To optimize glycemic control for surgical patients peri-operatively, which will assist in minimizing post-operative infection and/or other complications.

Initial Effective Date:
March 2018

- (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) 3) All patients are to have a FSBS on day of service in pre-op.
 - (a) BS<200mg/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.
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 day before the scheduled surgery.
Metformin should not be taken the morning of surgery.

- (b) All other surgeries: Metformin can be taken the night before surgery but should not be taken the morning of surgery.
- (6) Patients with insulin pumps.
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.
For patients during the perioperative period, a target FSBS of 140 – 180 for those on an insulin gtt.

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