

## **Glucose Management Guidelines**

- 1. Develop and implement an institutional protocol for peri-operative blood sugar management with goal of 120-180 mg/dL.
- 2. Use an insulin infusion for blood sugar management in the intra-op phase and during the first 24 hours postop.
- 3. Check pre-op HA1C levels for all diabetic (at risk/suspected) patients.
- 4. For non-urgent cases in patients with HA1C > 10%, consider delaying surgery and obtaining better glucose control if possible.
- 5. Establish periodic surveillance of compliance of blood sugar target goals.
- 6. Inpatient consult for diabetic education for newly diagnosed patients and those with uncontrolled blood sugars pre-op.
- 7. Social work consult prior to discharge for assistance with obtaining affordable medications at discharge.
- 8. Schedule specialty (Endocrinology) or primary care follow-up at discharge for blood sugar management.

## References:

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- 5. Relationship between preoperative **hemoglobin A1c** levels and long-term mortality after **coronary artery bypass** grafting in patients with type 2 diabetes mellitus.
- 6. Kuhl J, Sartipy U, Eliasson B, Nyström T, Holzmann MJ.Int J Cardiol. 2016 Jan 1;202:291-6. doi: 10.1016/j.ijcard.2015.09.008. Epub 2015 Sep 12.