

Management of Hyperglycemia in Acute-Care Settings and the Transition to Ambulatory Care

Activity Overview

Despite guidelines and evidence supporting the safety and effectiveness of methods for treating hyperglycemia in hospitalized patients using insulin therapy, hyperglycemia is still not well managed in many hospitals and health systems. Much research and interest has focused on managing hyperglycemia in critically ill patients and using continuous intravenous insulin infusion protocols to reduce morbidity, mortality, length of stay, and hospital costs. Hyperglycemia in noncritically ill adults with diabetes is a common occurrence, but appropriate insulin therapy is often not provided to correct the problem. Proactive strategies have been developed to manage blood glucose concentrations in these patients by mimicking normal physiologic patterns of endogenous insulin secretion using basal-bolus insulin therapy. Transitioning patients to ambulatory care can be challenging, especially since recently published clinical studies have led many patients and health care providers to question the need for targeted tight glycemic control.

By following a noncritically ill hyperglycemic patient from admission through discharge, the faculty will provide practical strategies for improving glycemic management in hospitals. This interactive symposium will begin with a review of the pathophysiology of type 1 and type 2 diabetes, factors contributing to the development of hyperglycemia in hospitalized patients, and the impact of targeted inpatient glycemic control on clinical and economic outcomes. Considerations in selecting a basal-bolus insulin regimen, rather than sliding-scale regular insulin, will be discussed. The role of pharmacists in developing and implementing safe and effective insulin therapy also will be addressed. Practice pearls for planning the patient's transition to ambulatory care will be offered, including a discussion of evidence from recent clinical trials that should be considered when recommending an outpatient treatment plan.