Section 16:

Diabetes Care in the Hospital

Glycemic Management During Hospitalization

Carefully managing people with diabetes during hospitalization can reduce the risk of hyperglycemia, hypoglycemia, or extreme glucose variability, which all lead to adverse outcomes, including death. Consult with a specialized diabetes or glucose management team when possible.

Hospital Care Delivery Standards

- Institute validated order sets for management of dysglycemia in the hospital.
- State the type of diabetes on the initial evaluation when it is known.
- Perform an A1C test on all hospitalized people with diabetes or hyperglycemia (random blood glucose >140 mg/dL [7.8 mmol/L]) if no A1C result is available from the prior 3 months.
- Assess diabetes self-management knowledge and behaviors on admission and provide self-management education, if available, when needed.

Perioperative Care

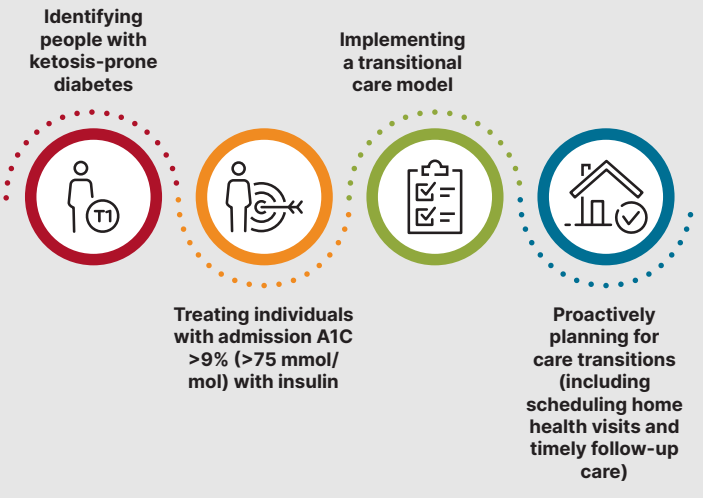
A1C and glucose goals	• Elective surgery A1C goal: <8% (63.9 mmol/L) • Blood glucose goal within 4 hours of surgery: 100–180 mg/dL (5.6–10.0 mmol/L)
Medication adjustments	• Hold metformin on the day of surgery. • Discontinue sodium–glucose cotransporter 2 inhibitors 3–4 days before surgery. • Hold other oral glucose-lowering agents the morning of the surgery or procedure. • There are few data on the safe use and/or influence of glucagon-like peptide 1 receptor agonists on glycemia and delayed gastric emptying in the perioperative period. • Individualize plan based on clinical scenario and procedure/surgery.
Insulin therapy adjustments	• Give half of NPH dose or 75–80% of long-acting analog insulin or adjust insulin pump basal rates based on diabetes type and clinical judgment.

Transition From the Hospital to the Ambulatory Setting

Tailor a structured discharge plan to the individual with diabetes:

- Provide diabetes self-management education before discharge.
- Ensure medication reconciliation and access.
- Arrange virtual or in-person follow-up visits post-discharge:
  - » Schedule a visit with the primary care clinician, endocrinologist, or diabetes specialist within 1 month of discharge.
  - » Schedule earlier follow-up (1–2 weeks) if medications change or glucose targets not met at discharge.

Strategies To Reduce Readmissions



Suggested citation: American Diabetes Association Primary Care Advisory Group. 16. Diabetes care in the hospital: *Standards of Care in Diabetes—2024* abridged for primary care professionals. Clin Diabetes 2024;42:222 (doi: 10.2337/cd24-a016).