HOSPITALISTS' PEARLS
FROM ADMISSION TO DISCHARGE

Optimizing Basal Insulin Transitions of Care in Type 2 Diabetes

Admissions To-do List

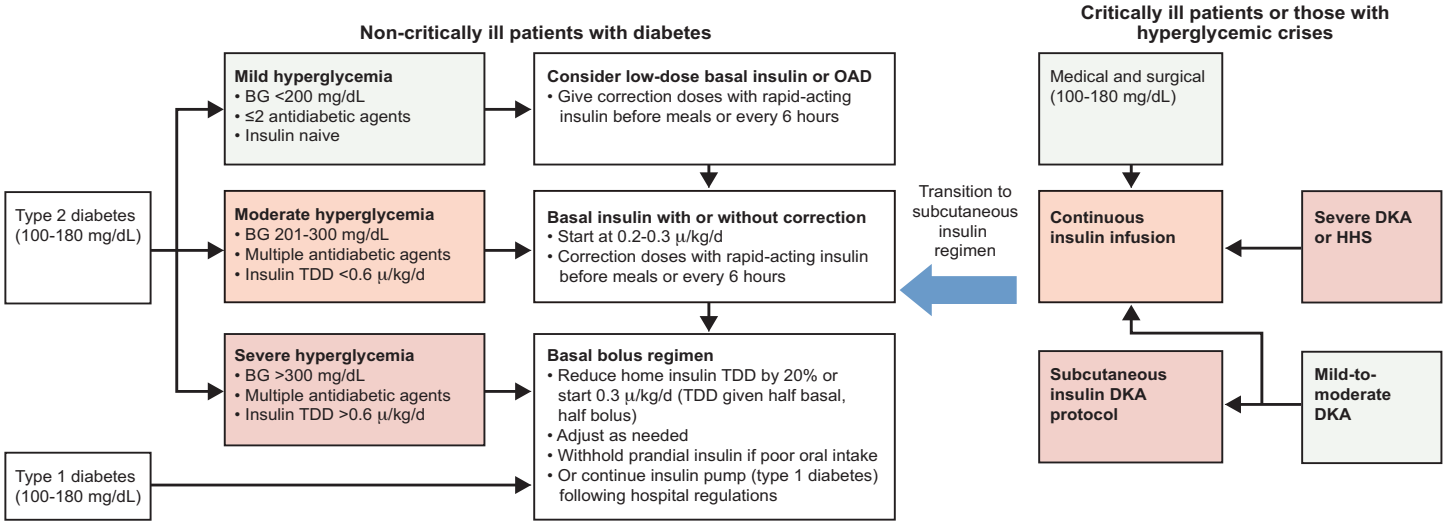
- ☐ Document patient's home basal insulin dose, type, and frequency to ensure continuity of care while making adjustments during their stay
- ☐ Identify those patients using insulin pumps or pens. Conversions or adjustments will likely be necessary.
- ☐ Determine hypoglycemia risk (ie, renal compromise or previous hypoglycemic events). If patient is using CGM and pump technology, they may continue during their hospital stay.

During Hospitalization

- ☐ Simplify basal insulin: Assess which patient needs basal bolus and which patient is a candidate for combination of basal insulin with anoral agent such as a DPP-4 inhibitor and correction insulin.
- ☐ Adjust basal insulin based on BG trends, medication changes, nutrition, corticosteroid use, and renal function.
- ☐ Monitor as needed: Individualize BG monitoring based on patient's stability and risk factors for hypoglycemia.
- ☐ Make a plan: Nothing is foolproof. Plan for hypoglycemia treatment!

Critically Ill Patient

Individualized antihyperglycemic therapy in hospitalized patients with diabetes



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Discharge

- ☐ Develop and print out discharge insulin orders and communicate changes to patients as well as all outpatient caregivers.
- ☐ Educate: Train patients on basal insulin self-administration, to be aware of hypoglycemia signs and symptoms, and who to call for hypoglycemic and hyperglycemic management.
- ☐ Outpatient follow-up should be scheduled with clinician that will be taking over care (PCP or endocrinologist) This appointment should take place within 1 month.
- ☐ Discharge medications: Include insulin prescription and all necessary supplies.

References

American Diabetes Association Professional Practice Committee. *Diabetes Care*. 2024;47(suppl 1):S295-S306.

Blonde L, et al. *Endocr Pract*. 2022;28:923-1049.

Inzucchi SE, et al. *Diabetes Care*. 2012;35:1364-1379.

Pasquel FJ, et al. *Lancet Diabetes Endocrinol.* 2021;9:174-188.

Vargas-Uricoechea H. *J Clin Med Res.* 2022;14:8-21.

Abbreviations

BG: blood glucose

CGM: continuous glucose monitor

DKA: diabetic ketoacidosis

DPP-4: dipeptidyl peptidase-4

HHS: hyperosmolar hyperglycemic state

OAD: oral antidiabetic drug

PCP: primary care physician

TDD: total daily dose