**Collaboration of Hospital Pharmacists and Hospitalists to Address Glycemic Control of General Medicine Patients: Implementation of a Pilot Inpatient Diabetes Management Program**

Jeffrey M. Ketz, Eric J. Yeh, and Sanjeev Suri

https://doi.org/10.2337/cd19-0003 Published xx Month 201x

Supplementary Data

* Supplementary Appendix

Appendix

**Hospital Pharmacist – Hospitalist Collaborative**

**Inpatient Diabetes Management Guide**

**Prescribing or Recommending Insulin:**

* Prescribe or recommend an insulin regimen based on the patient’s home insulin regimen or the insulin regimen needed according to the patient’s expected calorie intake and clinical situation. General guidelines for initial insulin dosing using a basal mealtime correctional regimen based on patient weight and type of diabetes are provided on the insulin order set.
* Use a complete basal mealtime correctional insulin regimen or basal plus correctional regimen whenever possible. Minimize use sliding scale insulin monotherapy.

**Daily Insulin Regimen Adjustment:**

1. Target blood glucose range is **70-140 mg/dl** pre-meal and **< 180 mg/dl** random. Prescribe or recommend insulin dose or insulin regimen change when morning FBG > 140 mg/ml or mean blood glucose from previous day is > 140 mg/dl.
2. If fasting blood glucose or mean blood glucose is >140 mg/dl and no hypoglycemia, adjust the insulin regimen using one or more of the following (based on clinical situation):
	* Increase basal insulin by 20% or add a basal insulin
	* Increase the mealtime insulin by 20% or add a mealtime insulin
	* In addition to interventions 1 and 2 above, consider increasing the correctional insulin scale. Adjustment of correctional scale should only occur in addition to adjustment of basal or mealtime insulin regimen
3. If any blood glucose < 70 mg/dl adjust the insulin regimen using one or more of the following:
* Decrease basal insulin by 20%
	+ Decrease mealtime insulin
	+ Decrease the correctional insulin scale