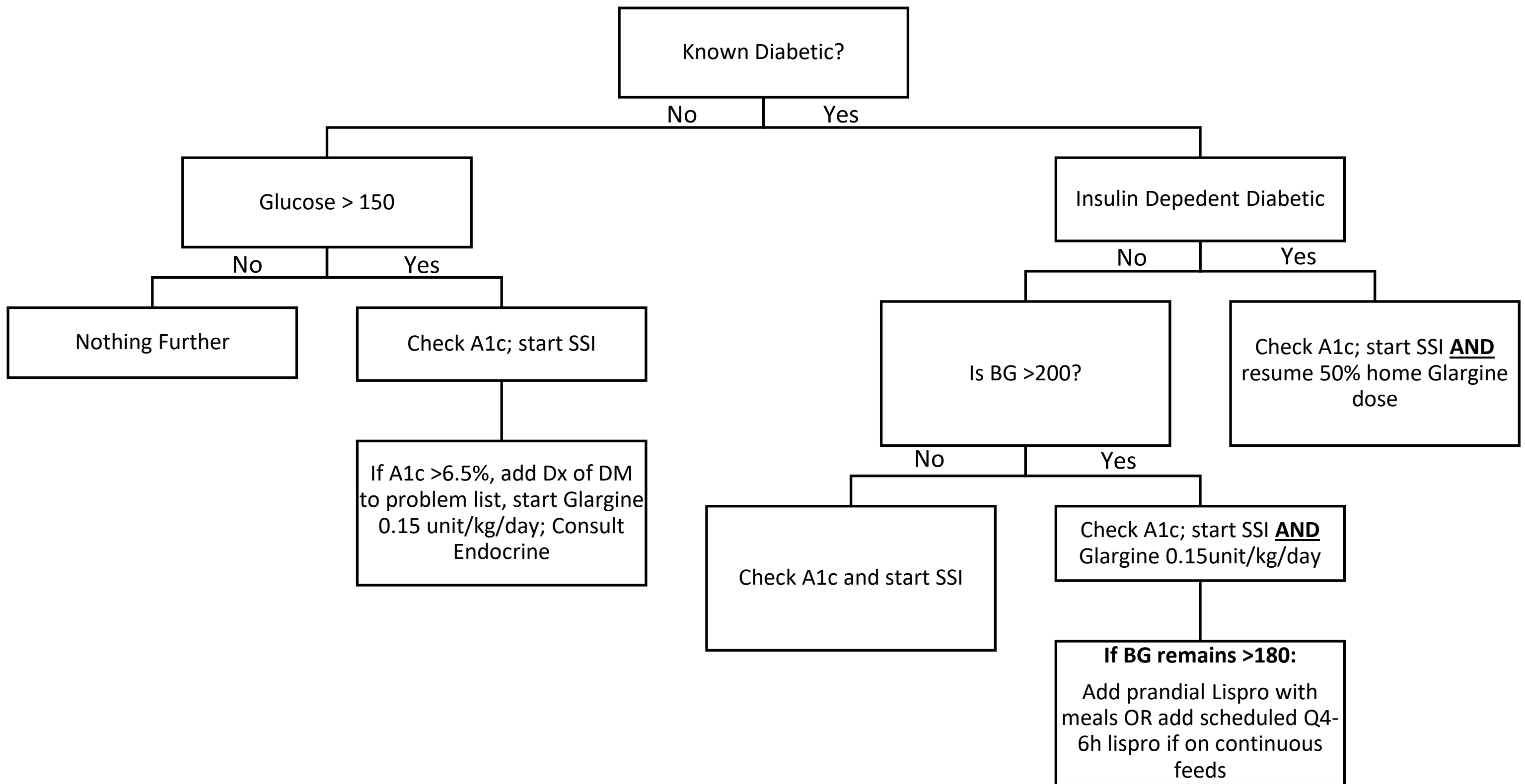
VANDERBILT UNIVERSITY
MEDICAL CENTER

DIVISION OF ACUTE CARE SURGERY

# TRAUMA GLYCEMIC CONTROL PROTOCOL

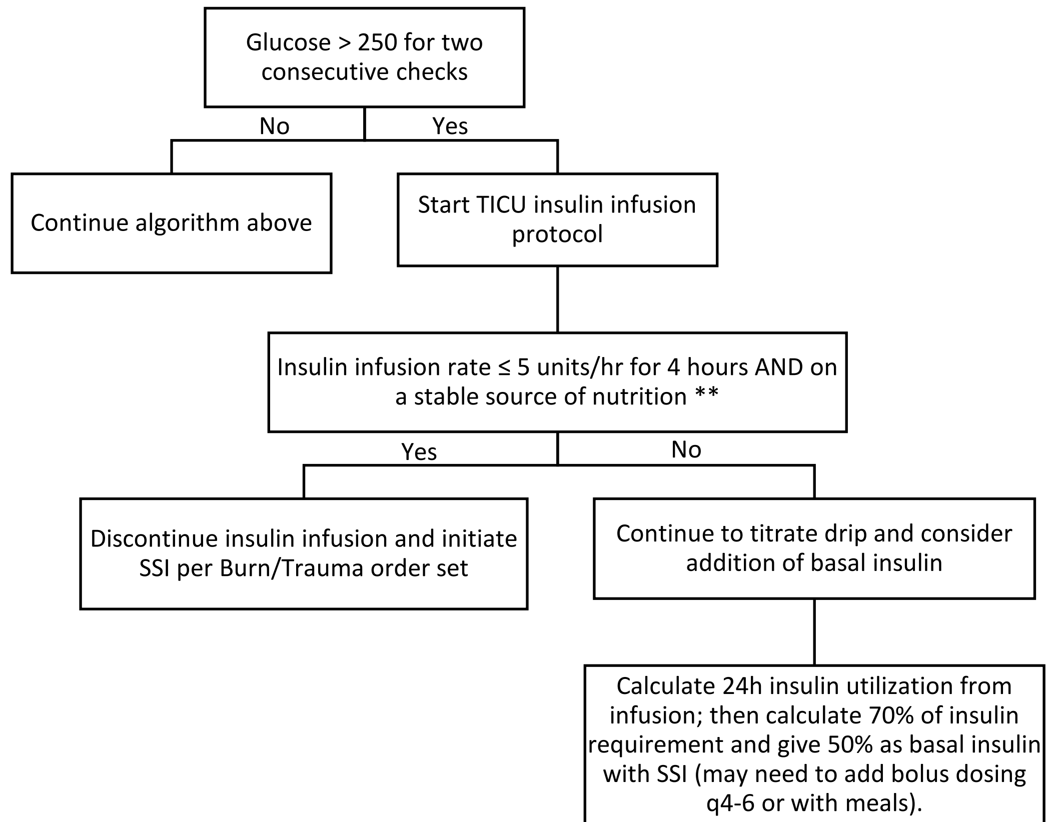
**Initial Management: Maintenance of Euglycemia:**




- SSI alone without basal insulin is not recommended for Type 2 Diabetes
- Basal insulin should NOT be held if patient is NPO or not eating
- All patients with insulin orders need the hypoglycemia protocol of the order set
- Consult Endocrinology for: Type 1 DM, use of an insulin pump, discharge recommendations for new diagnosis of DMII (A1c >6.5%) or A1c > 9% in known diabetic
- USE CAUTION in patients with renal dysfunction, elderly, and those with large volume fluid shifts (discuss with pharmacy)
- Consider discontinuing blood glucose monitoring and sliding scale insulin if:
    - Blood glucose remains ≤ 150 mg/dL AND tube feed goal has been met for 24 hours and off vasopressors

**Insulin Infusion (TICU)**

- If two successive blood glucose values are ≥ 250 mg/dL, a continuous insulin infusion should be considered using the TICU insulin infusion protocol
- Patients should have a glucose source (i.e. D10 at 30mL/hr), unless D5LR or D5NS are ordered at >50 mL/hr, tube feeds are at 50% of goal or PN is infusing

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***Last revised:*** *March 2023, January 2020*

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