

Inpatient Diabetes

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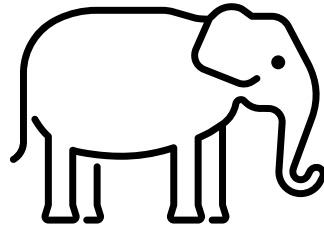
Introductions

- Dr. John Palmer
- Kelly Grimshaw, BSN, RN, CDCES
- SaraBeth Soetmelk, BSN, RN, CDCES

Objectives

- Identify signs and symptoms of hypoglycemia
- Understand how hypoglycemia effects multiple systems in the body
- Acknowledge the importance of hypoglycemia prevention
- Value the role of the interdisciplinary team in making process changes

How do you eat an elephant?



One bite at a time.

Hypoglycemia Definition

Level	Glycemic Criteria/Description
Level 1	Glucose <70 mg/dL and ≥ 54 mg/dL
Level 2	Glucose <54 mg/dL
Level 3	A severe event characterized by altered mental and/or physical status requiring assistance

American Diabetes Association. (2022). Standards of Medical Care in Diabetes – 2022.

Why Hypoglycemia Matters

- In hospitalized patients, hypoglycemia is associated with increased short and long term mortality.
 - Patients who experience hypoglycemia during hospitalization have longer lengths of stay, higher costs and greater odds of being discharged to a SNF.
 - More than 40% of patients experiencing one iatrogenic episode go on to suffer at least one additional event, of which these recurrent events appear to be largely preventable. (3)
 - ISMP identifies insulin as a high alert medication in the inpatient setting.
 - Approximately 25% of all patient safety incidents involving insulin result in patient harm.
 - Insulin has been implicated in 1/3 of all medication related deaths.
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- (3) Maynard, Gregory; Huynah, Maggie Patricia; & Renvall, Marian. (2008). Iatrogenic inpatient Hypoglycemia: Riks Factos, Treatment, and Prevention. Diabetes Spectrum 21(4). Pp 241–247
 - Akirov A, et al. Mortality among hospitalized patients with hypoglycemia: insulin related and noninsulin related. Journal of Clinical Endocrinology and Metabolism 2017;102:416–424.
 - Draznin, Boris. Managing Diabetes and Hyperglycemia in the Hospital Setting: A Clinician's Guide. 2016

Common Concern

- In Oct 2014 DHHS National Action Plan for Adverse Drug Event Prevention highlighted diabetes agent-associated hypoglycemia as a primary concern.
- In April 2016, The Juvenile Diabetes Research Foundation (JDFR) launched a multi-stakeholder initiative to address gaps in care for T1C that includes efforts to develop consensus for differing hypoglycemia severity.
- In 2016 Endocrine Society established the Hypoglycemia Quality Collaborative created the HQC Strategic Blueprint
- (2)Endocrine Society. 2016. Hypoglycemia Quality Collaborative Strategic Blueprint

Physiology of hypoglycemia...

On the surface

- Symptoms
 - Neurogenic/autonomic:
 - Adrenergic: palpitations, tremor, anxiety/arousal
 - Cholinergic: sweating, hunger, paresthesia
 - Neuroglycopenic: cognitive impairments, behavioral changes, psychomotor abnormalities, seizure, coma, nausea, diplopia
- Signs
 - Pallor
 - Diaphoresis
 - Elevated heart rate
 - Elevated systolic blood pressure

The body's response to falling plasma glucose levels

- In an individual **without** diabetes:
 - Insulin secretion decreases
 - Glucagon secretion increases
 - Epinephrine increases
 - Cortisol and growth hormone increase (several hours later)

How does this list change in someone with Diabetes?

- In an individual with diabetes:
 - ~~Insulin secretion decreases~~
 - ~~Glucagon secretion increases~~
 - Epinephrine increases
 - Cortisol and growth hormone increase (several hours later)

Epinephrine

- The epinephrine response is initiated at lower glucose levels when
 - A previous low has been experienced
 - Previous exercise
 - During sleep

Type 1 (1-5 years)

Type 1 (14-31 years)

Glucose Level

Epinephrine

Glucagon

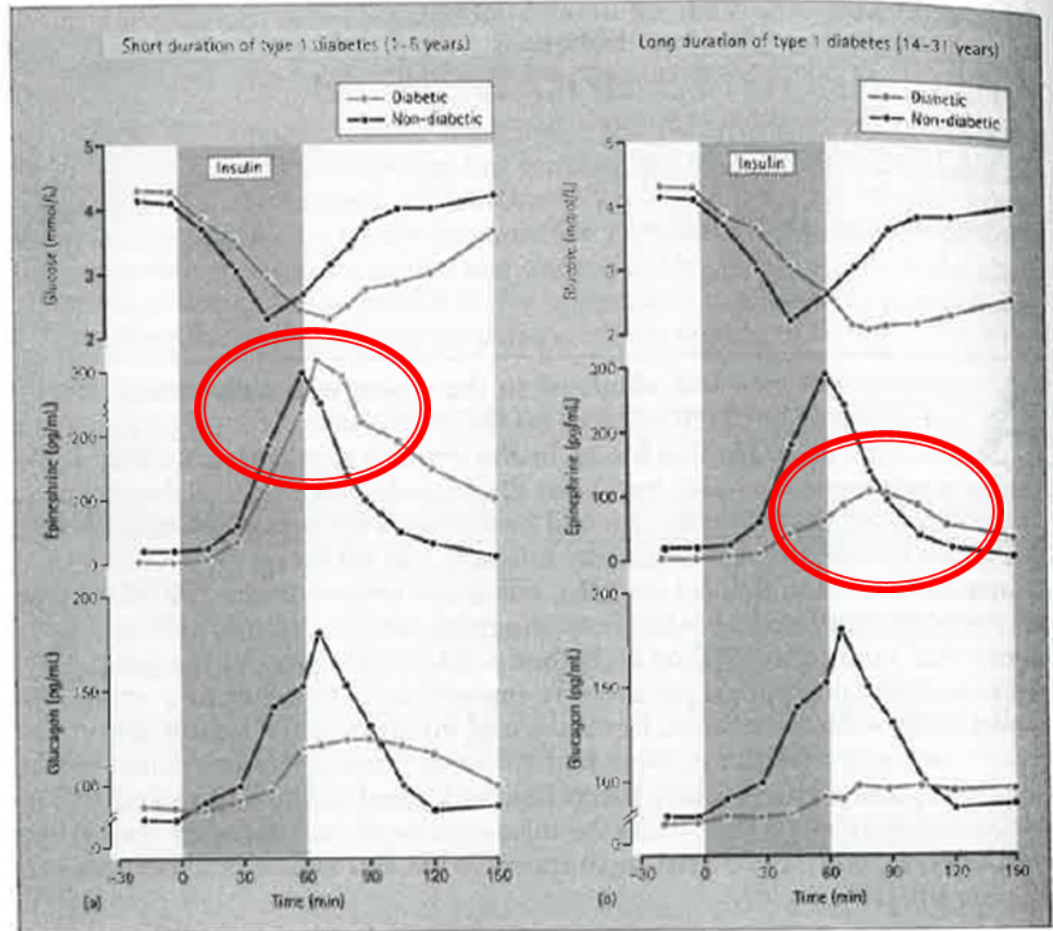
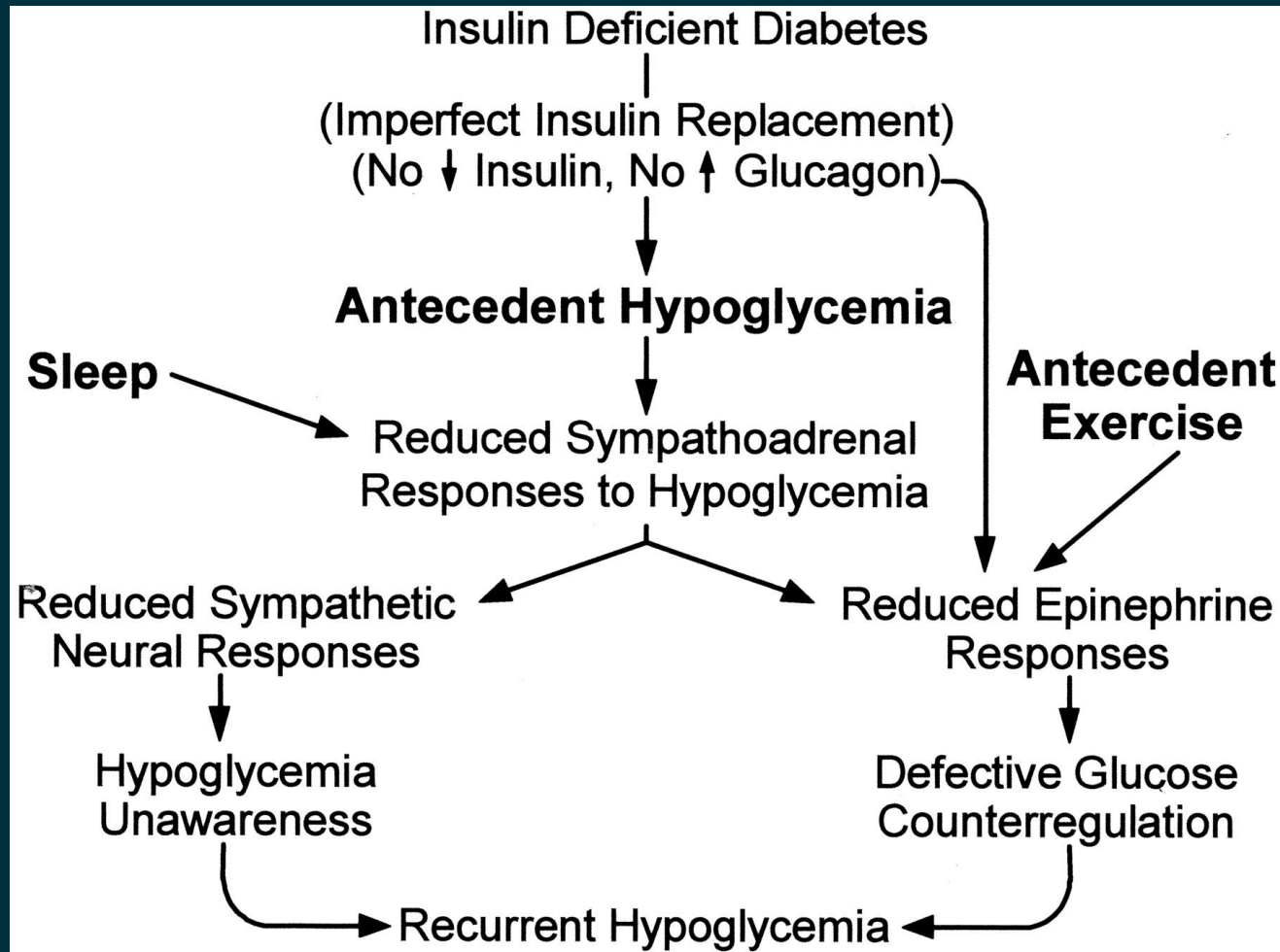


Figure 91.1—Counter-regulatory response to hypoglycemia in T1D patients with short- and long-term duration.

But it can get worse...

- If a patient has autonomic neuropathy, the epinephrine response is diminished and the patient will experience even fewer symptoms, leading to a higher risk of severe hypoglycemia.

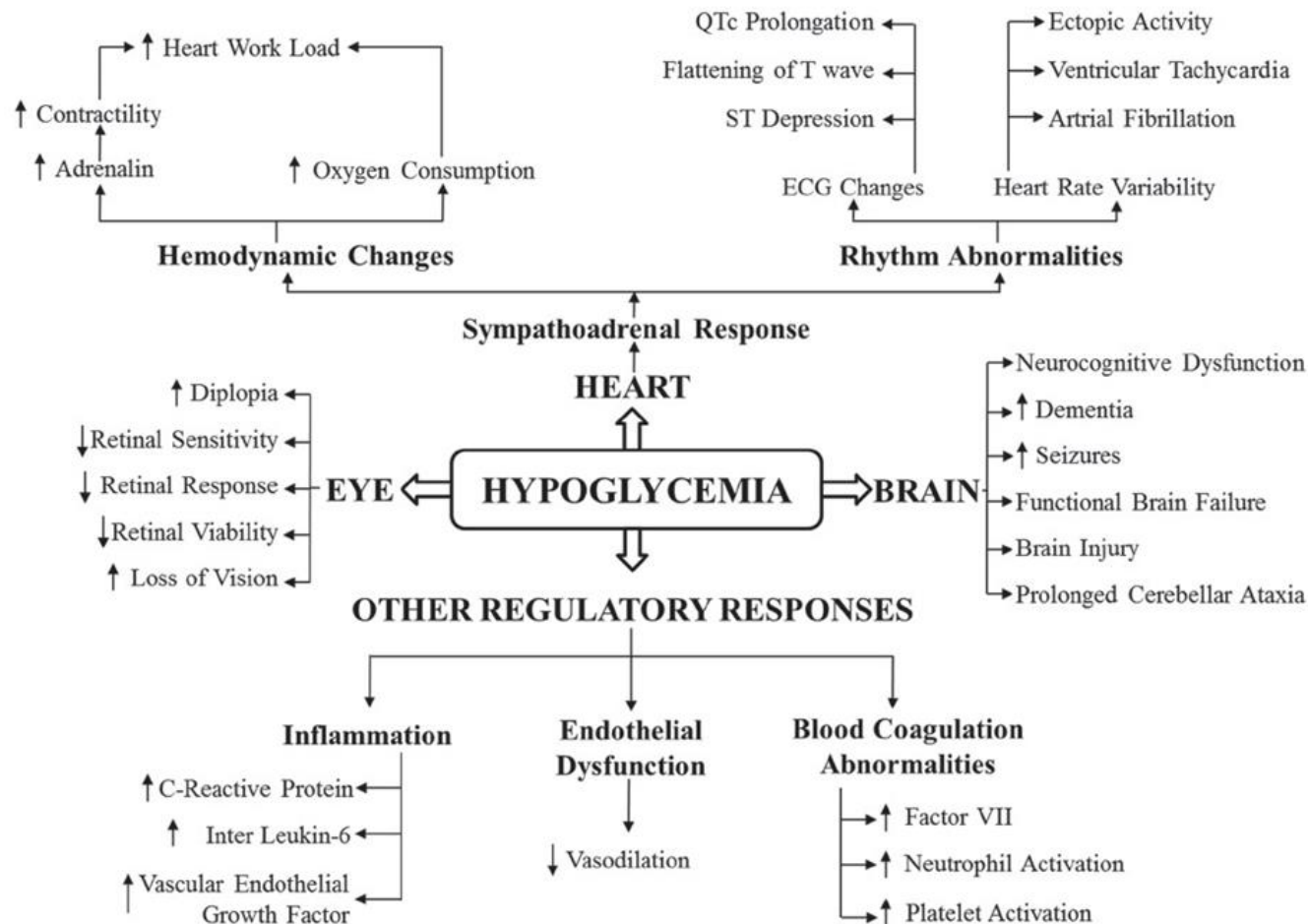
Hypoglycemia-Associated Autonomic Failure (HAAF)



Hypoglycemia and the Heart

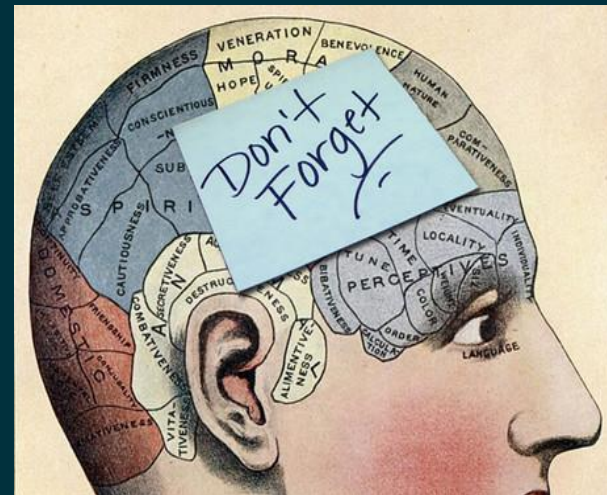
- Activation of inflammation, endothelial dysfunction, coagulopathies – all have been noted with hypoglycemia
- The biggest concern are the proarrhythmic abnormalities, specifically the increase in the QT interval
- The ACCORD study was pivotal in showing this relationship (between lows and the heart)

Figure 2: Physiological impact of hypoglycemia on different systems and their counter-regulatory responses. ECG: Electro cardiogram; ↑ denotes increased response; ↓ denotes decreased response



Clinical Pearls

- Hypoglycemia is serious.
- When a patient experiences hypoglycemia, action needs to be taken to prevent a subsequent event.



At Monument Health

- All projects require interdisciplinary collaboration
- Diabetes Steering Team – formed in Spring of 2019
- Two major projects aimed at decreasing hypoglycemia
 - LACES Endocrinology Consult Criteria
 - DKA Order Set Overhaul

LACES Endocrinology Consult Criteria



LACES

CRITERIA

DON'T LET DIABETES TRIP YOU UP

Low blood glucose
A1C
Consult
Education
Survival skills

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PATIENT CRITERIA:

Patients will qualify for an endocrinology consult when they have met one of the following criteria:

- + A1C greater than 10.0%.
- + One episode of hypoglycemia in which the blood glucose is < 54 mg/dL.
- + Two episodes of hypoglycemia in which the blood glucoses are between 70 and 54 mg/dL.

DIABETES EDUCATORS:

- + Analyze reports to discover patients who meet the LACES criteria.
- + Send a generic Intelliweb page to the attending provider:
Example: Pt in room ##### has met LACES criteria.
Consider endocrinology consult. 5-####.
- + Coordinate outpatient referrals and appointments to both endocrinology and diabetes education.

ATTENDING PROVIDER:

Place consult for endocrinology.

NURSES:

Teach the patient the survival skills of diabetes.

CASE MANAGERS:

Prepare the patient's home diabetes supplies and medications.

DKA Order Set Revision

Previous Order Set

Insulin started at a rate of 0.14 u/kg/hr and ran continuously, despite change in blood glucose

Caused burden to providers and nurses with numerous phone calls required to change/edit orders as patient condition improved

Patients often experienced **hypoglycemia** – average of **7 episodes per month**

New Order Set

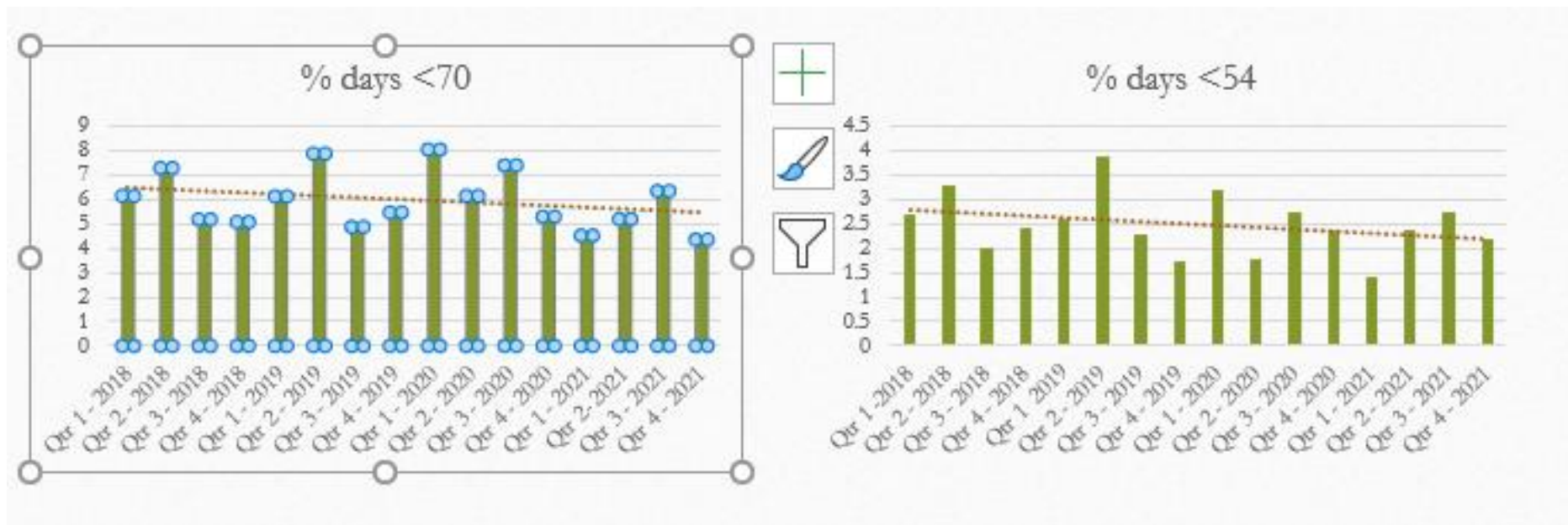
Incorporates a dosing table to adjust the insulin dose as the blood glucose improves

Includes nurse-driven orders and protocols for fluids and electrolytes

Causes far less **hypoglycemia** – average of **0.2 episodes per month**

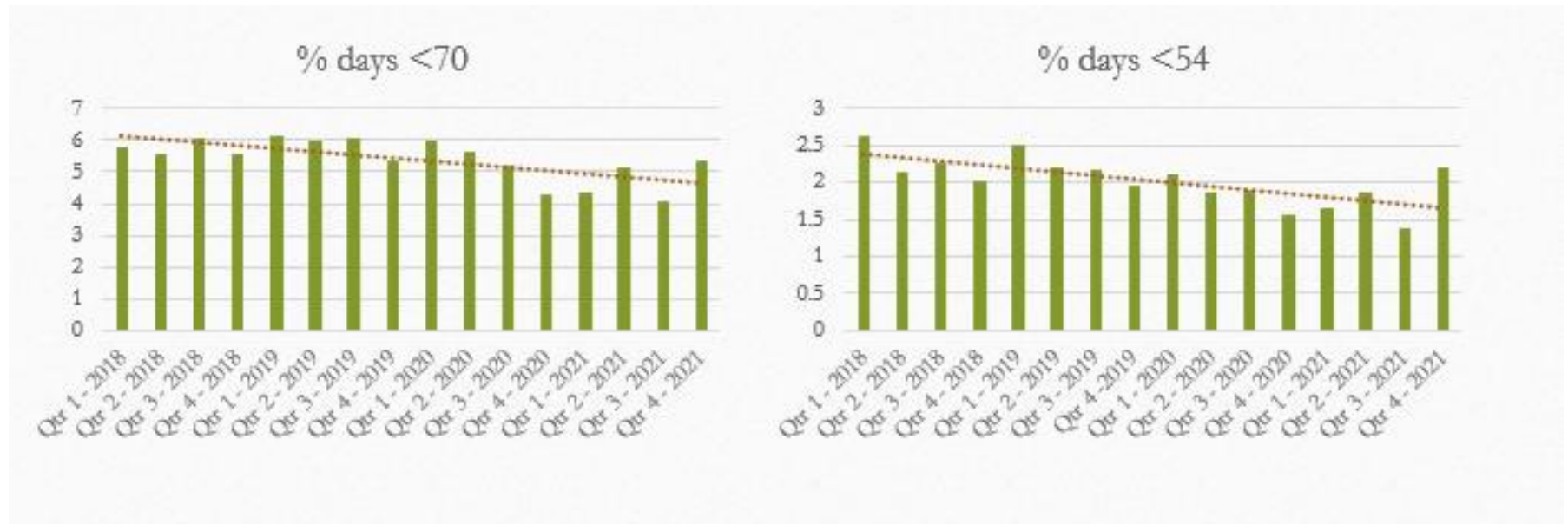
Results!

ICU



Results!

Non-ICU



Remember the Elephant?

- Celebrate success
- But success needs to be maintained
- Ongoing collaboration with the interdisciplinary team is key
- More quality improvement projects await

Thank You!