

Abstract

Diabetes is commonly encountered in the inpatient environment. Hypoglycemia can occur in this population due to a multitude of reasons. One causative factor for its occurrence stems from providers being unable to intervene to glycemic values and trends prior to a hypoglycemic event. Nurses, however, have this ability. A literature review revealed several articles and expert opinions which identified recommendations for the adjustment of insulin regimens when blood glucose levels are 100 mg/dL or less in order to achieve and maintain a CIT blood glucose target of 140-180 mg/dL. The proposal of the Inpatient Hypoglycemia Prevention Project was the revision of the insulin, sliding-scale, order-sets within OSF SJMC to include the order for nurses to contact the providers when patient blood glucose levels are at or below 100 mg/dL; prompting for an adjustment of the insulin regimen. Implementation of this revision occurred over 15-weeks, with the goal to reduce hypoglycemic events by 6% and LoS by 2 days. Prospective studies were completed to evaluate and determine the outcome of this intervention. The total potential participants identified include 117 in the pre-implementation phase and 98 in the post-implementation phase. Pre-implementation hypoglycemic events were 12.5%, but there were no post-implementation hypoglycemic events (p -value = 7.49). LoS was 5.75 days pre-implementation, while LoS post-implementation was 13.5 days (p -value = 0.1357). Due to low sample population size, the results were not statistically significant; however, further research could provide a more conclusive study.