Type II diabetes may take up to 6-10 years to diagnose. Patients that go to surgery with elevated glucoses are at greater risk for complications. Our policy is designed to screen for unknown and uncontrolled diabetics. This will lead to earlier diagnosis and prevent complications and cancelations of surgical cases.

All patients 18 and over that are seen in the Preadmission Unit will receive a finger stick blood glucose. If the finger stick is greater than the set parameters, the patient has a HbgA1C drawn. At this time, the patient will receive a brief education sheet on hyperglycemia and diabetes. The next day a nurse will check the HbgA1C result. If it is elevated, the nurse notifies the surgical service and generates an appointment with a PCP. The PCP receives a letter with the results and a contact to refer the patient to the Diabetic Education Center. Post-operatively the patient receives a detailed education packet and instructions.

This policy allows us to identify unknown Type II diabetics earlier and prevent post-surgical complications like infection and length and acuity of hospital stay. There are fewer day of surgery cancellations and delays due to high glucoses. This benefits the surgical patient and healthcare system financially by decreasing costs from complications and delays.

Perianesthesia nursing practice continues to advance by the use of evidence based practice and knowledge. This invaluable screening, education, and follow-up, provided to the surgical patient can ultimately improve his/her outcome and wellbeing, is an example of advancing practice.