

## **DEVELOPING AN OUTPATIENT PERIOPERATIVE DIABETIC GUIDELINE TO IMPROVE GLYCEMIC CONTROL AND PATIENT EDUCATION**

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**Background:** Evidence-Based research supports optimal glycemic control and patient education in improving compliance and wound healing, and in decreasing the incidence of post-operative complications. Evaluation of Quality Improvement data at a small community hospital revealed a lack of standardization in glucose control practices, including education, for patients undergoing outpatient surgical procedures.

**Objectives:** To provide an Evidence-Based guideline for outpatient diabetic patients towards improving perioperative glycemic control.

To improve patient education regarding medication management through pre-operative interviews and discharge protocols.

**Implementation:** Nurses in the perioperative departments recognized a need for diabetic parameter guidelines to improve current practice and created a multi-disciplinary task force to identify key areas of need. They reviewed the current inpatient policy, standards of care, Evidence-Based Practice literature, and queried local hospitals for their established practices, revealing a gap in addressing outpatient surgical diabetic needs.

The resulting guideline created protocols coordinating assessment, intervention and education for identified Type 1 and 2 diabetic patients using an assessment tool, a pre-operative instruction sheet and a discharge instruction sheet.

**Outcomes:** Evaluation has demonstrated:

- Improved pre-operative Accu-chek screenings from 69% to 93% for the total diabetic population
- Decreased need for perioperative intervention for insulin-dependent diabetics from 30% to 16.6%
- Positive association between pre-operative instruction, admission Accu-chek and decreased need for perioperative intervention

**Implications:** A nurse-driven, multi-disciplinary approach has improved glycemic control for perioperative diabetic outpatients and has improved patient and staff nurse education regarding preoperative and postoperative protocols.