

HYPOGLYCEMIA CAN KILL! NEW PROTOCOLS ARE LONG OVERDUE!

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Background Information: The long established protocol for monitoring of diabetic patients in the hospital setting has become unviable due to advancement in diabetic medications. New Diabetic medications have led to longer acting effects, increasing the incidence of hypoglycemic events for the diabetic inpatient population. Hypoglycemic events can range from manageable symptoms to deadly arrests.

Objectives of Project: To identify contributing causes leading to hypoglycemic events in non-critical care diabetic surgical patients, and then develop a process improvement to eliminate hypoglycemic events in this patient population.

Process of Implementation: A registered nurse working closely with a diabetes council researched possible causes for the high prevalence of hypoglycemic events among non-critical care diabetic surgical patients. A hypoglycemic event debrief tool was developed to collect data, identify trends leading to these hypoglycemic events, and educate staff in real-time. After several months of data collection, identified trends led to structuring of a process change consisting of nursing, PCT's, and Nutrition services. A safety step was added on admission to identify diabetic patients who were high risk for developing a hypoglycemic event during their hospital stay. Pre-admission teaching for taking oral and long acting insulins the night before and morning of surgery was updated. Information about current diabetes medications, both oral and insulin, were printed and laminated for reference on all floors. The Education department assisted in teaching the new process improvement to all involved areas and Pharmacy provided concise current diabetic medication teaching. Implementation of this project was cost neutral, limited to printing costs and one week of education roll out to staff.

Statement of Successful Practice: Since implementation of the process improvement, hypoglycemic events in non-critical care diabetic surgical patients have been reduced from an average of 8 events per month to almost 0 per month, surpassing System goals. Target goal by the System for 2015 was 0.74% incidence for the subject population. They ended 2015 with 0.05% incidence.

Implications for Advancing the Practice of Perianesthesia Nursing: A new process for monitoring of non-critical care diabetic surgical patients will require perianesthesia nurses and floor nurse to implement critical thinking skills followed by an appropriate intervention, by piecing together a thorough patient history with discerning knowledge of current diabetic medications.