Moving Toward Excellence in the Care of Hospitalized Patients With Diabetes

Preface

Geralyn R. Spollett, MSN, C-ANP, CDE, Guest Editor

The From Research to Practice section of this issue of Diabetes Spectrum is devoted to improving diabetes management in the hospital setting. In an effort to once again highlight the importance of glucose control and place emphasis on its role in achieving positive patient outcomes, experts in the field of medicine, nursing, and dietetics have written comprehensive, practical articles outlining steps that can be taken to promote better hospital care, both at the bedside and in the system at large.

Most patients with diabetes will find themselves hospitalized with a medical problem either directly resulting from diabetes or complicated by the presence of diabetes. The ensuing hyperglycemic state places patients with diabetes at great risk of increased morbidity and mortality. This topic is fully explored in the article by Thompson et al., and her colleagues (p. 20–27), which not only reviews the causes of hyperglycemia but also provides excellent suggestions for the medical management necessary to meet target glucose goals.

Our second article, by Goldberg and Inzucchi (p. 28–33), focuses on the treatment of hyperglycemia by initiation of an intravenous insulin drip protocol. The authors outline the steps taken to develop and institute this practice in an urban medical center.

Nutrition plays a vital role in the therapeutic management of diabetes, but it is sometimes overlooked or underemphasized in the hospital setting. In our third article (p. 34–38), Swift and Boucher examine the challenge of tailoring medical nutrition therapy for hospitalized patients with diabetes: namely, how to find the balance of nutrients that meets each patient’s caloric needs, promotes recovery from illness, and stabilizes glucose levels. They identify the cues that indicate the need for expanded nutrition assessment and discuss ways to ensure that adequate nutritional needs are met when patients are unable to consume their usual diet.

Hyperglycemia is only one side of the dangerous duo of acute complications encountered in the hospital setting. Hypoglycemia can also result from various medical problems or treatment changes. In our fourth article (p. 39–44), Tomky describes the pitfalls in nursing and medical care that lead to hypoglycemia. She discusses changes in hospital regimens that may prevent its occurrence and presents a schematic for identifying and treating hypoglycemia in hospitalized patients.

Hospitalization presents a window of opportunity to assess each patient’s diabetes self-management program. Despite the often-heard argument that the hospital setting is not conducive to patient education, Nettles, in our final article (p. 44–48), states that in fact it may be the ideal time to capture patients’ attention and provide meaningful lessons in self-care. She presents a compelling argument that many patients may never have the opportunity to meet with a diabetes educator outside of the hospital setting. Critical components of basic diabetes education regarding diet, insulin and medication, glucose monitoring, and skin and foot care can be delivered within the context of inpatient medical and nursing care.

Transforming diabetes care in the hospital setting and improving glycemic management requires a multilevel, multidisciplinary approach. Systemic changes supported by nursing and medical administration and carried out by those who interact with
patients at every point during their hospitalization must occur for positive patient outcomes.

This *Diabetes Spectrum* research section has provided an update in the management of diabetes in hospitalized patients. But more importantly, it has been designed to encourage positive change in the delivery of care through the practical strategies presented. It is our hope that this issue acts as a catalyst to the creation or revision of current standards of care for hospitalized patients with diabetes.