

## TREATMENT ALGORITHMS FOR HYPERGLYCEMIA RELATED TO STEROID USE FOR COVID-19 PATIENTS

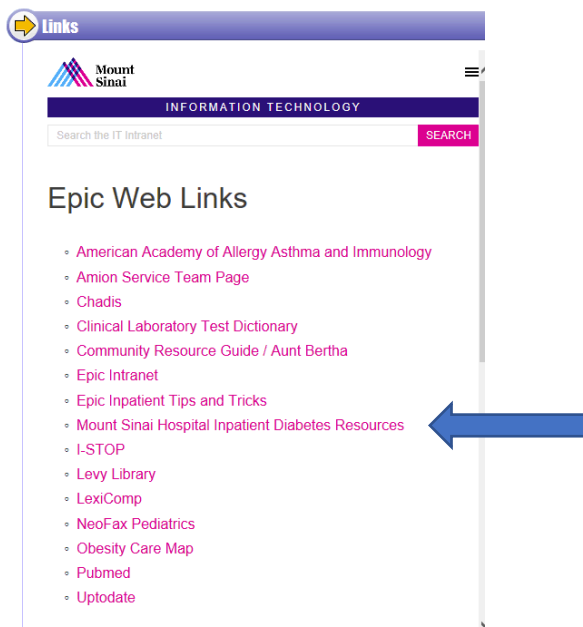
Here is a guide describing how to use the COVID-19 hyperglycemia treatment algorithms that are now linked on Epic's homepage. These algorithms are meant to guide insulin dosing for patients experiencing hyperglycemia due to high doses of steroids involved with COVID-19 treatment.

### The information needed to use this algorithm are:

- Patient's history of diabetes
- HbA1C within the last month
- Diabetes medication history including, if applicable, total daily dose of insulin (TDD)
- eGFR
- Weight in kilograms

### Instructions:

1. On EPIC's home page, under "Epic Web Links," click "**Mount Sinai Hospital Inpatient Diabetes Resources**," which will bring you to the algorithm. Note that this link will include the COVID-19 insulin algorithms as well as the DKA calculator.



2. Below the description and the disclaimer, you will click "**Click Here to start using the algorithm.**" The description lists which information you need to use the algorithm. Note that this page also has clickable links for the discharge planning algorithms.

## TREATMENT ALGORITHMS FOR HYPERGLYCEMIA RELATED TO STEROID USE FOR COVID-19 PATIENTS

**Description:** The COVID-19 hyperglycemia treatment algorithm is meant to guide clinical management of hyperglycemia related to steroid use for COVID-19 patients. Based on patient specific clinical information, insulin initiation, titration, and discharge recommendations are provided. The information needed to use this algorithm are:

- Patient's history of diabetes
- HbA1c within the last month
- Diabetes medication history including , if applicable total daily dose of insulin
- eGFR
- Weight in kilograms

**Disclaimer:** These COVID-19 hyperglycemia treatment algorithms have not been validated in clinical trials and are based on expert opinion. Clinicians should use clinical judgment and individualize care when managing patients with COVID-19 on high doses of steroids.

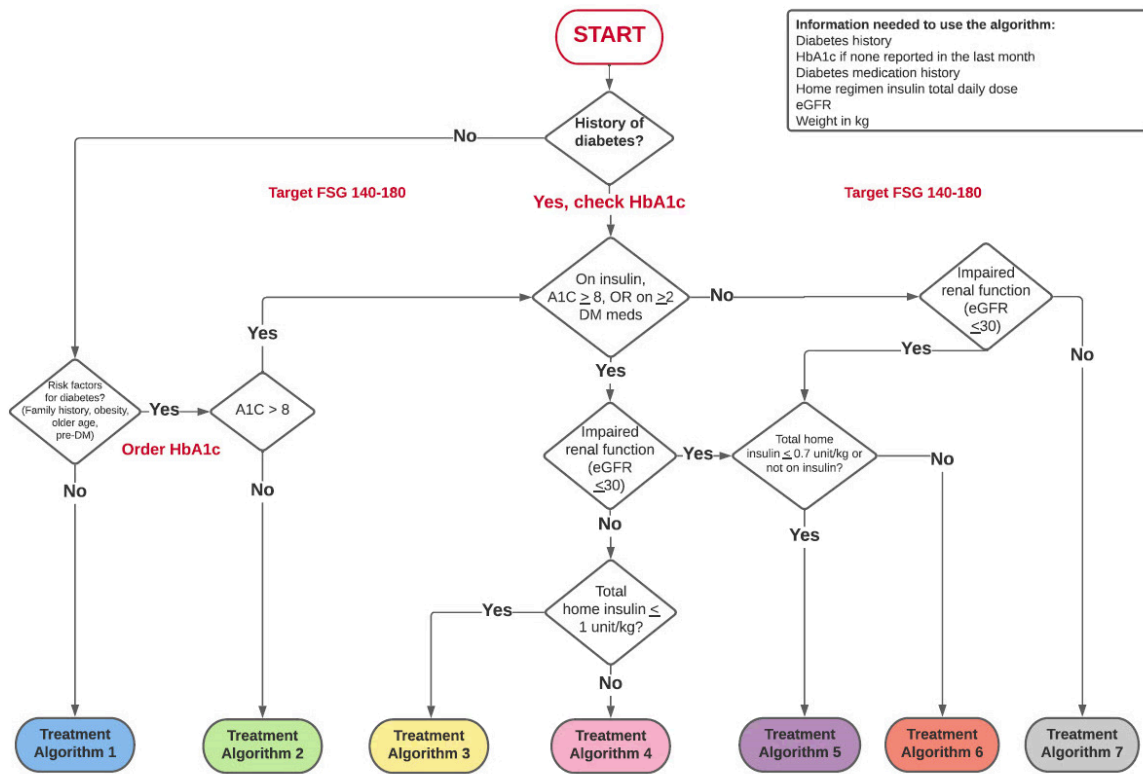
[Click Here to start using the algorithm](#)

### DISCHARGE DIABETES TREATMENT

[Click here to view](#) the discharge planning algorithm for patients with a history of diabetes AND/OR HbA1c  $\geq 8$

[Click here to view](#) the discharge planning algorithm for patients with no prior history of diabetes AND HbA1c  $< 8$

3. This brings you to the initial decision algorithm. Beginning at the top (“**Start**”), follow the pathway based on your patient’s diabetes history, HbA1c, renal function, and home insulin doses.



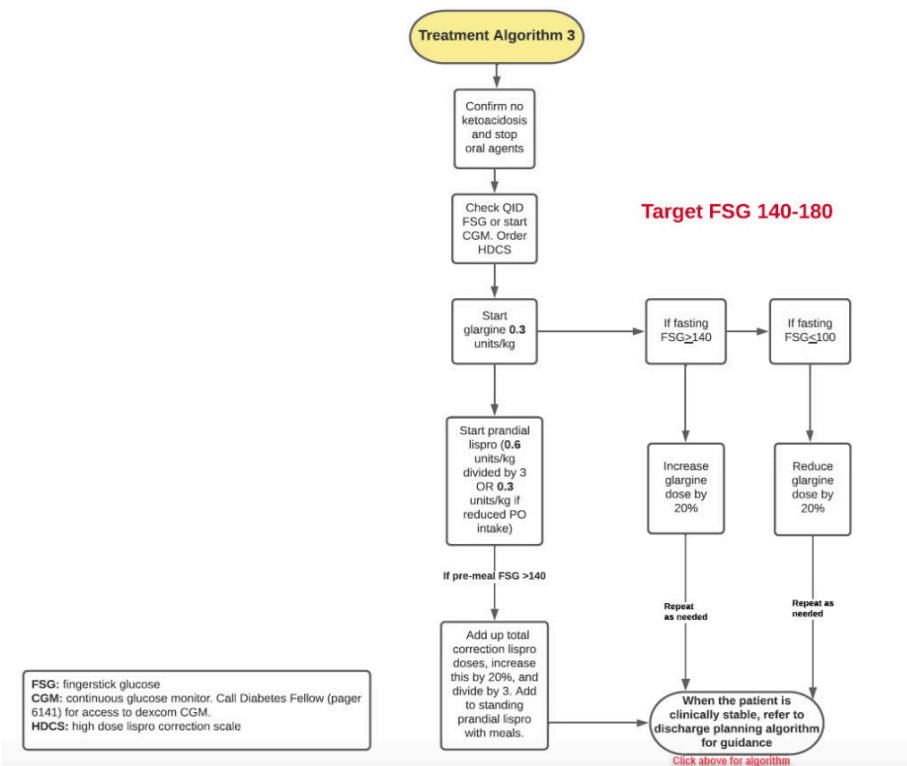
At the bottom of this page you will find a list of indications for when to consult the Diabetes team:

### When to consult Inpatient Diabetes Service

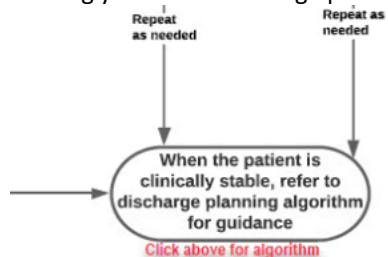
- Persistent hyperglycemia (FSG  $>250$ ) despite following the algorithm for 2 days
- Refractory hypoglycemia
- Patient is receiving parenteral nutrition
- Patient uses an insulin pump
- Dexcom continuous glucose monitor (CGM) use
- Insulin drips or diabetic ketoacidosis

4. Click the appropriate color “**Treatment Algorithm #**” at the bottom of the above decision pathway to bring you to the next step. Note that each color oval is clickable.
5. There is a “**Return Home**” link at the top of each treatment algorithm webpage to bring you back to the home page.

COVID-19 TREATMENT ALGORITHM 3



- When you are ready to plan for the patient’s discharge, you can click the final step in each treatment algorithm to bring you to the discharge planning algorithms on the home page.



- For discharge planning, you will select one of two links based on the patient’s diabetes history and HbA1c.

**DISCHARGE DIABETES TREATMENT**

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[Click here to view](#) the discharge planning algorithm for patients with no prior history of diabetes AND HbA1c  $< 8$

- After selecting the appropriate discharge planning algorithm for your patient, you will follow the column pertaining to the patient’s diabetes history, insulin use, HbA1c, and renal function for discharge planning guidance. **It is best to review the discharge algorithm up to 3 days in advance of a planned discharge. Insulin training should be initiated >24 hours before discharge is anticipated.**