

When Physicians Should Be Contacted Regarding Patients With Diabetes

Before calling, gather the following general information, if available:

- The patient's chart _____
- The current Medication Administration Record (MAR) _____
- Information specific to condition (history, onset, assessment, interventions/results) _____
- Advance directives _____

Gather the following information for diabetes, if available:

- Patient's blood sugar history over the last 48 hours _____
- Usual patterns and trends of blood sugar over recent months _____
- Recent lab results (A1C) _____
- Intake and output over the last 24 hours _____
- Current diabetes medication regimen _____
- Other current medications _____

Staff and practitioners should consider the following as possible causes of an acute change of condition¹:

Symptoms of Hypoglycemia

- Anxious
- Blurry vision
- Dizzy
- Fast heartbeat
- Headache
- Hungry
- Irritable
- Shaky
- Sweating

Symptoms of Hyperglycemia or Uncontrolled Diabetes

- Decline in ability to perform daily living
 - Eye problems (visual blurring, visual loss)
 - Increased pain perception, neuropathy
 - Nonketotic hyperosmolar coma
 - Recent change in weight (gain or loss)
 - Worsening cardiac ischemia, silent ischemia
 - Urinary frequency, nocturia, urinary incontinence
 - Foot ulcers, foot deformities, gangrene, other foot problems
 - Excessive skin problems (infections, ulcers, delayed wound healing)
 - Oral health problems (caries, periodontal disease, tooth loss, dry mouth, burning mouth)
- Confusion
 - Dehydration
 - Depression
 - Falls
 - Frequent infections
 - Stroke

When to Call the Physician¹

Hypoglycemic events

Hypoglycemia is the major limiting factor in the glycemic management of diabetes. Clinically significant hypoglycemia is defined as glucose <54 mg/dL (3.0 mmol/L).²

- Patients taking medications for diabetes are at an increased risk for hypoglycemia.
- Patients should be alerted to these risks when plasma glucose is ≤ 70 mg/dL (≤ 3.9 mmol/L).

Hyperglycemic events

Diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic state (HHS) can be extraordinarily dangerous with varying symptoms. Communication with the primary physician early during an event is important.¹

Patients with blood glucose values >250 mg/dL may be at risk. Classical symptoms may include:

- Polyuria (excessive urination)
- Polydipsia (excessive thirst)
- Dehydration
- Weight loss
- Vomiting
- Weakness
- Mental status change
- Poor skin turgor

Call a physician

If treatment has not already been initiated or modified and a patient has 2 or more blood glucose values >300 mg/dL accompanied by:

- A new medical problem
- A change in condition or functional status

In addition, a physician should be called if the patient:

- Is experiencing any of the above symptoms accompanied by dangerous glucose levels
- Shows a persistent pattern of poorly controlled or deteriorating blood glucose levels

References:

1. Kitabchi AE, Umpierrez GE, Miles JM, Fisher JN. Hyperglycemic crises in adult patients with diabetes. *Diabetes Care*. 2009;32(7):1335-1343.
2. American Diabetes Association. Standards of Medical Care in Diabetes—2017. *Diabetes Care*. 2017;40(suppl 1):S1–S135.



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