Tight inpatient glucose control: Why didn't we think of this before?

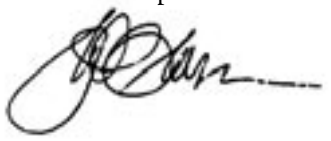
In recent years, we all have been paying more attention to the hazards patients face when they enter the hospital. Thankfully, some investigators have been working on ways to decrease the risk.

Especially at risk are patients with chronic diseases such as diabetes who are hospitalized for treatment of another condition. In that situation, the primary caregiver may not be focused on the diabetes, which, problematic enough by itself, does not go away while we take care of the heart attack. Moreover, diabetes care has become more complicated than it used to be, contributing to the hazard by raising the risk of hypoglycemia.

An important approach to the problem is to standardize appropriate components of care. With standardized protocols in place, we should be able to treat complicated problems more consistently, regardless of who carries out the care.

On page 801 of this issue of the *Journal*, Dr. Etie Moghissi, an eminent diabetologist, describes just such a standardized process for managing diabetes (and hyperglycemia in patients who have not been diagnosed with diabetes) in the hospital. This process is aimed at tight control of blood glucose levels, based on studies that have shown better overall outcomes—including lower mortality rates—when glucose levels are maintained in the normal range without making the patient hypoglycemic. The approach is to use a series of algorithms that enable the target blood glucose level to be reached without the physician having to write a page of complex orders.

It's such a great idea that it's a wonder nobody did it before. Now all we have to do is develop algorithms for inpatient management of other chronic diseases while patients are in the hospital for treatment of some acute problem that may or may not be directly related to the chronic disease. This should certainly get more patients out of the hospital alive.



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