



Surgery or Procedure Guidelines for Patients with Diabetes

If your child is scheduled for surgery or a procedure in which they will be sedated or having nothing by mouth (such as dental procedure, MRI, or echocardiogram), **please contact the Diabetes Clinic at least 3-4 business days before the procedure.** The procedure should be scheduled for early morning or be the first one of the day if possible.

Pre-Hospital Care

- If your child is on a **multiple daily injection regimen**, do not adjust the long-acting insulin (Lantus, Basaglar, Semglee, Glargine, Levemir, Tresiba, or Toujeo) dose or time, unless instructed to do so by your diabetes provider. Do not adjust the carb ratio or correction factor.
- If your child is on an **insulin pump**, continue the normal basal rates and bolus settings. If your child is having an MRI, the insulin pump will need to be disconnected or removed. You should know your child's long-acting insulin dose in case the pump needs to be removed.
- If your child is on a **CGM** and is having an MRI, the CGM will need to be removed.
- If your child takes **Metformin**, do not take it 48 hours before the surgery, and stay off Metformin for 48 hours after the surgery.
- Bring diabetes supplies and insulin to the hospital on the day of the surgery (including extra pump sites and CGM supplies). Be sure any pump or CGM sites will not be in the way of the surgery or procedure area.
- Ideal blood glucose range is 100-300. If your child's blood glucose is greater than 300, check ketones and take $\frac{1}{2}$ correction dose of insulin. Do not correct more often than every 3 hours. If your child's blood glucose is less than 80, they should drink 4 oz of apple juice. Alert surgeon or anesthesiology if either of these interventions was necessary.

Procedure Care

- When you arrive, remind the healthcare providers that your child has Diabetes.
- During procedures and afterwards, a "temporary basal rate" can be used if needed. By contacting your diabetes provider before the day of the procedure, this can be discussed.

Post-Hospital Care

- Always keep a Glucagon Emergency Kit close by, as well as a few insulin syringes, as you may need to give mini-dose Glucagon for nausea/vomiting or inability to keep fluids down in the setting of a low blood glucose.
- When tolerating oral liquids, resume usual diet and resume your child's normal insulin regimen. Glucoses may be higher following surgery due to the stress from surgery or any procedure. Check glucoses and ketones every 3 hours following surgery. Low blood glucoses and ketones can be prevented with frequent monitoring after a procedure.
- Have the Sick Day Guidelines available. Follow them the rest of the day. It is important to have both sugar-free as well as sugar-containing fluids available throughout the day. Monitoring can prevent problems.

The Diabetes Team is available for further questions or concerns.
We can be reached Monday-Friday from 9am to 4pm at 801-662-1640,
or after hours for urgent concerns at 801-662-1000.