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(60 minutes)

Diabetes Management in the Hospital

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UP TO 1 AMA PRA CATEGORY 1 CREDIT™

This activity is designed for endocrinologists, internists, hospitalists, primary care physicians, emergency department physicians, and all other healthcare providers with an interest in improving the care of hospitalized patients with diabetes.

Hyperglycemia is an increasingly common and often complex condition to manage in the inpatient setting. Numerous clinical studies have shown a link between uncontrolled diabetes and poor clinical outcomes in a number of inpatient settings. In this program, Thomas Donner, MD, an endocrinologist and the Director of the Joslin Diabetes Center at the University of Maryland School of Medicine, provides a detailed look at the challenges of managing glucose levels in hospitalized patients. He describes the rationale for tight glycemic control, provides the how and why to implement intensive insulin therapy, and offers expert guidance on transitioning inpatients back to their homes.

LEARNING OBJECTIVES

After taking part in this CME activity, participants should be better able to:

- Explain why hyperglycemia causes poor outcomes
- Describe the rationale for tight glycemic control
- Implement intensive insulin therapy when appropriate
- Successfully transition patients from inpatient to outpatient settings

CME CREDIT DESIGNATIONS

ACCME The Network for Continuing Medical Education (NCME) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA NCME designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

AAFP Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.

AOA This activity is eligible for up to 1 hour of credit in Category 2-A of the American Osteopathic Association.

SUGGESTED RESOURCES

- Braithwaite SS. Defining the benefits of euglycemia in the hospitalized patient. *J Hosp Med.* 2007;2(suppl 1):5-12.
- Clement S, Braithwaite SS, Magee MF, et al, on behalf of Diabetes in Hospitals Writing Committee. Management of diabetes and hyperglycemia in hospitals. *Diabetes Care.* 2004;7:553-591.
- Donner TW, Flammer KM. Diabetes management in the hospital. *Med Clin North Am.* 2008;92:407-425, ix-x.
- Garber AJ, Moghissi ES, Bransome ED Jr, et al, for the American College of Endocrinology Task Force on Inpatient Diabetes Metabolic Control. American College of Endocrinology position statement on inpatient diabetes and metabolic control. *Endocr Pract.* 2004;10:77-82.
- Hirsh IB. Sliding scale insulin—time to stop sliding. *JAMA.* 2009;301:213-214.
- Leahy JL. Insulin management of diabetic patients on general medical and surgical floors. *Endocr Pract.* 2006;12(suppl 3):86-90.
- Umpierrez GE. Inpatient management of diabetes: an increasing challenge to the hospitalist physician. *J Hosp Med.* 2007;2(suppl 1):33-35.
- Wexler DJ, Cagliero E. Inpatient diabetes management in non-ICU settings: evidence and strategies. *Curr Diabetes Rev.* 2007;3:239-243.