The following guidelines outline the approach to restarting medications post procedure.

1. Non-insulin
   1. Insulin secretagogues (e.g., glipizide, glyburide, glimeperide, nateglidine, repaglinide), thiazolidinediones (e.g., pioglitazone), and dipeptidyl peptidase IV (DPP-4) inhibitors (e.g., sitagliptin, saxagliptin)
      * + 1. Restart according to the patient’s usual dosing schedule on resumption of usual diet
   2. Metformin
      1. No IV contrast given: restart according to the patient’s usual dosing schedule
      2. Iodinated IV contrast given: hold 48 hours postprocedure until baseline renal function confirmed with creatinine level
   3. Acarbose, miglitol, pramlintide, glucagon-like peptide-1 (GLP-1) agonists (e.g., liraglutide, exenatide)
      1. Non-gastrointestinal (GI) procedure: restart according to the patient’s usual dosing schedule
      2. GI procedure: restart medication on resumption of usual diet
2. Basal Insulin [NPH, glargine (Lantus), detemir (Levemir)]
   1. Have patient bring in own insulin if nonformulary or give NPH instead
   2. Discharge early in the day (before noon)
      1. Administer remainder of AM dose not given prior to procedure (if applicable) post procedure
      2. Resume usual PM dose that evening
   3. Discharge later in the day (after noon)
      1. Blood glucose > 200 mg/dL
         1. Consider administering 50% of usual AM dose at discharge and resume usual PM dose that evening
      2. Blood glucose < 200 mg/dL
         1. Resume usual PM dose that evening
3. Nutritional insulin [aspart (Novolog), lispro (Humalog), glulisine (Apidra), regular]
   1. Administer according to the normal dosing schedule on resumption of usual diet
4. Mixed Insulin [70/30, 75/25, 50/50]
   1. In-hospital meal prior to discharge
5. Administer 25% of the usual AM dose as aspart (Novolog)
   1. Administer usual PM dose according to normal dosing schedule on resumption of usual diet

5. Insulin pump

1. Resume usual settings when awake and alert and able to take by mouth

Discharge instructions given to patient:

**Diabetes Management Service [insert pager number]**

**Endocrine Consult Service [insert pager number]**

**My Diabetes Management Plan**

The following chart outlines your personal diabetes management plan. Please discuss this with your doctor or other health care provider.

|  |  |  |
| --- | --- | --- |
| Medication | Dose | Restart Date and Time |
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