Patient Instructions for Preoperative <u>Diabetes Management</u>

	Date	Date
Circle the patient's medication	Evening before Surgery	Morning of Surgery
Insulin pump	Keep at usual rate	DO NOT allow early morning higher rate
ORAL Diabetes medication	Take usual dose	DO NOT take morning dose
Short Acting GLP-1 Exenatide IR (Byetta) Lixisenatide (Adylxin) Liraglutide (Saxenda, Victoza)	Take usual dose	DO NOT take morning dose
Long Acting GLP-1 Semaglutide (Ozempic, Wegovy) Semaglutide (Rybelsus: oral) Dulaglutide (Trulicity) Exenatide ER (Bydureon)	Take usual dose	DO NOT take morning dose
Combined GLP-1 and GIP Agonist Tirzepatide (Mounjaro, Zepbound TM)	Take usual dose	DO NOT take morning dose
Combined Insulin & GLP1 Products Insulin degludec & liraglutide (Xultophy) Insulin glargine & lixisenatide (Soliqua)	Take 75% (3/4) of your usual dose.	DO NOT take morning dose
Rapid Acting Insulins: Afrezza (inhaled insulin), Novolog, Regular, Apidra or Humalog	Take usual dose	DO NOT take morning dose
Intermediate and Insulin Combinations: NPH 70/30, 75/25 or 50/50	Take 50% (half) of your usual dose.	DO NOT take morning dose



	Date	Date
Circle the patient's medication	Evening before Surgery	Morning of Surgery
Long-Acting Insulins	- 4	
Basaglar, Lantus, Levemir, Toujeo, or Tresiba	Take 75% (3/4) of your usual dose.	DO NOT take morning dose
SGLT2 Inhibitors		Hold 3 days prior to surgery
Canagliflozin (Invakana)		Canagliflozin (Invakana),
Dapagliflozin (Farxgia)		Dapagliflozin (Farxgia), Empagliflozin (Jardiance)
Empagliflozin (Jardiance)		Empagimozim (Jardianee)
Ertugliflozin (Steglatro)		
There are multiple combination drugs on the market. Consider the main ingredient if it involves combination drugs follow directions for the SGLT-2 ingredient.		Hold 4 days prior to surgery Ertugliflozin (Steglatro)
Instructions for monitoring glucose once SGLT-2 medication held:		Have patient monitor glucose closely once medications are discontinued
Stopping these medications for such a short time should not cause a dramatic change in glucose (blood sugar).	discontinued	discontinued
 Please check your glucose (blood sugar) a minimum of 2 times daily If you see an increase of 50 points or greater contact your primary care provider (PCP) for treatment advice If glucose is greater than 200 more than once, contact PCP. 		

When to check Blood Sugar: Check glucose as usual. If glucose > 150 on morning of surgery, cover with usual correction insulin dose (sliding scale)

<u>If you become hypoglycemic</u>: If glucose **is less than 80** (hypoglycemia) **or** if you are having symptoms. You may drink 4 ounces (1/2 cup) of clear liquids: apple juice, fruit punch, soda, sweet tea. **DO NOT** drink fluids with PULP, **DO NOT** drink milk. **DO NOT** eat any food. **Recheck** blood sugar every 20 minutes or sooner if symptoms persist. Continue to treat until you arrive at the hospital.

