

Evaluation of glycemic control in hospitalized patients in infectious ward

S. Farsaei*, H. Khalili, S. Elyasi, E. Barzegar

Clinical Pharmacy Department of Tehran University of Medical Sciences, Tehran, Iran

Background and Aims: It is speculated that increased risk of infection is related to hyperglycemia. Also, infections can cause insulin resistance. Consequently, blood glucose control is an important patient care especially in the setting of infection diseases. In this study glycemic control we assessed among patients hospitalized in infectious ward.

Methods: In this study glycemic control of patients with hyperglycemia admitted in infectious ward of Imam Khomeini hospital was evaluated during 6 months. In this ward, hyperglycemia was controlled according to insulin protocol used in internal wards and also, patients usually received insulin rather than taking oral hypoglycemic agents for glycemic control. In this study, different levels of blood glucose were collected from patients' charts and then compared with related goals of them.

Results: Eligible patients were aged 57.5 (± 14.7) years and over half of them were female (62.3%). In this population, the most reason of hospitalization is diabetic foot. The mean fasting blood glucose of patients were 165.2 mg/dl and mean of blood glucose levels in postprandial, evening and bedtime were 179.9, 218.7, 172.2 mg/dl respectively. Only 9.6% and 7.6% of patients received the goal of fasting and random blood glucose levels respectively.

Conclusions: Although, morbidity of hospitalized patients was significantly reduced by glycemic control but, unfortunately according to this study, blood glucose was not controlled in most of patients hospitalized in infectious ward. It seems necessary to correct the glycemic control according to appropriate guideline for patients hospitalized in medical wards especially in infectious ward. The correct-time of blood glucose monitoring, goal levels of blood glucose in different times and appropriate method for glycemic correction must be determined in this guideline.

Keywords: Glucose monitoring; Infection; Clinical pharmacy