



WRHA Clinical Guideline  
**Acute Myocardial Infarction Patients with Diabetes**  
 (ST Elevation AMI, Non-ST Elevation AMI)

**Target:** Pre-meal blood glucose 5 – 10 mmol/L (non-fasting)  
**Note:** For patients who are critically ill and not eating, consider intravenous insulin infusion and appropriate glucose monitoring as required.

- If patient on oral diabetes medications:
- Consider adjusting dose(s) to maintain target pre-meal blood glucose 5 – 10 mmol/L.
  - metFORMIN: Consider discontinuing till post hospital discharge, particularly if coronary angiogram candidates or patients with hepatic, renal or ventricular dysfunction. Note: metformin held procedure day and 48 hours post coronary angiogram/angioplasty.
  - rosiglitazone or pioglitazone: Discontinue permanently.

Blood glucose monitoring QID

Diabetes Mellitus Type 1

- \*Continue usual insulin regimen and supplement with Insulin Correction Dose Scale as needed.

Diabetes Mellitus Type 2

- \*Continue oral medications and use Insulin Correction Dose Scale as required. Reassess in 48 hours for possible dosage adjustments to oral medications. If Insulin Correction Dose Scale is required for more than 48 hours consider dose adjustments to oral medications.

\*\* Insulin Correction Dose Scale: Based on blood glucose monitoring (reassess individual need daily)

**Note: Scale is used for treatment of pre-meal blood glucose**

Blood Glucose (mmol/L)	Dose/Units Rapid Acting Insulin (Example: lispro, aspart) Subcut
10 – 11.9	2 units
12 – 13.9	3 units
14 – 15.9	4 units
16 – 17.9	5 units
18 – 19.9	6 units
Call MD if glucose less than 4 mmol/L or greater than or equal to 20 mmol/L.	

Endocrine/Internal Medicine consult for patients with poor glycemic control: i.e. blood glucose constantly greater than 12 mmol/L, new insulin starts, or marked changes in discharge insulin dosages.