

OREGON STATE HOSPITAL

PORTLAND – SALEM

POLICIES AND PROCEDURES

SECTION 6: PATIENT CARE POLICY: 6.041

SUBJECT: Screening and Care of Patients with
Metabolic Syndrome and Diabetes
Mellitus

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I. PURPOSE

Provides guidance in identifying patients that have a pre-existing condition or develop signs and symptoms related to metabolic syndrome. Establishes guidelines for routine screening, monitoring, treatment, and education to prevent or diminish the severity of the condition.

II. PROCEDURE

The International Diabetes Federation and the NCEP-ATP III (National Cholesterol Education Project Adult Treatment Panel) will be used to define OSH standards for modifiable risk factors or abnormal laboratory levels, and other monitoring guidelines.

Physicians are ultimately responsible for the care and treatment of patients at Oregon State Hospital, including oversight of the metabolic syndrome screening.

This policy is consistent with Oregon State Hospital's Patient Wellness Policy, 6.040.

III. DEFINITIONS

- A. "Metabolic Syndrome" is a disorder characterized by weight gain, elevated glucose, increased abdominal girth, hypertension and dyslipidemia. This disorder increases the risk for diabetes mellitus and cardiovascular complications such as a heart attack or stroke.

To meet the definition of Metabolic syndrome, three (3) of the following criteria must be present, or the patient must be currently in treatment for the specific criteria:

- Obesity as measured by: waist circumference: men >40 inches, women >35 inches or BMI >30 kg/m²;
- Blood pressure >130/80 mmHg;
- Insulin resistance/glucose intolerance or Type 2 Diabetes measured by: Fasting blood glucose >100 mg/dL, or Hemoglobin A1c \geq 7% in diabetics, \geq 6% in non-diabetics;
- Dyslipidemia as measured by: triglycerides >150 plus one of the following: HDL-C: men <40 mg/dL, women <50 mg/dL or LDL-C >100mg/dL or total cholesterol >200.

B. "Metabolic Syndrome Committee" is defined as:

- Chief of Medicine - Co-Chair
- Psychiatrist Representative - Co-Chair
- Clinical Pharmacy Manager
- Dietician Representative
- Medical Clinic Physician Representative
- Rehabilitation Services Representative

IV. PROCEDURES

A. The psychiatrist and psychiatric mental health nurse practitioner are responsible for:

1. Assessing the patient for risk of metabolic syndrome as part of the initial and annual evaluations for all patients.
2. Assessing the patient for risk of metabolic syndrome when there is a medication change involving psychotropics.
3. Referring any patient identified as meeting any 3 of the metabolic syndrome criteria during the initial nursing assessment, or at any time during hospitalization to the medical clinic physician and Metabolic Syndrome Committee by calling the Medical Clinic for an appointment.
4. Ordering appropriate lab tests and medication.
5. Requesting a medication review by the pharmacist for any patient identified with metabolic syndrome.

6. Ensuring effective communication between the physician and nursing staff, medical clinic, dietitians and other health care practitioners involved in the management of patients with metabolic syndrome.
- B. The medical clinic physician is responsible for:
1. Reviewing the recommendations of the Metabolic Syndrome Committee and writing the orders if clinically appropriate.
 2. Serving as the primary physician for all aspects of medical care of the patient,
 3. Consulting with the Metabolic Syndrome Committee as needed.
- C. Clinic nurse practitioners are responsible for:
1. Assessing for signs of metabolic syndrome on admission and annual history and physical exams.
 2. Documenting each positive criteria as a problem and documenting metabolic syndrome as a problem.
 3. Referring patient to medical clinic physician and Metabolic Syndrome Committee.
- D. Nursing is responsible for:
1. Monitoring and documenting vital signs, weight, and abdominal girth on admission and monthly or as ordered on the Vital Signs multipurpose flow sheet.
 2. Communicating any significant changes in patient condition related to metabolic syndrome, including changes in vital signs, blood glucose levels (if known), abdominal girth, nutritional status, activity level or treatment/medication adherence to the physician.
- E. The Dietitian is responsible for:
1. Completing a nutritional assessment on patients identified to be at nutritional risk.
 2. Follow up with the patient as needed.
 3. Reassess nutrition therapy as needed.

- F. It is the responsibility of Food and Nutrition Services (FNS) to provide diets approved by the dietitian and medical staff and specified in the diet manual.
- G. The Interdisciplinary Treatment Team is responsible for:
1. Following the recommendations of the Metabolic Syndrome Committee.
 2. Supporting the patient in adhering to self-set goals.
 3. Helping the patient recognize that treatment for metabolic syndrome is a life-long process that includes maintaining normal weight, adhering to a balanced healthy diet, regular exercise, and medication as needed.
- H. The Metabolic Syndrome Committee is responsible for:
1. Holding Metabolic Syndrome Committee meetings twice monthly.
 2. On a rotating basis, reviewing the patients on each ward that have or are at risk for metabolic syndrome.
 3. Tracking clinical data on patients
 4. Making recommendations to the treating medical clinic physician.
 5. Making recommendations to the IDT for treatment planning.
 6. Coordinating Metabolic Syndrome classes on each treatment mall.
- I. The Clinical Pharmacy Manager is responsible for:
1. Be primarily responsible for recording patient information
 2. Analyzing and trending the patient data
 3. Performing a chart medication review upon request.
- J. Rehabilitation Services Department will be responsible for:
1. Physical activity focused treatment:

- i. Patients identified will be referred to Rehabilitation Services staff for evaluation and enrollment in physically focused treatment groups.

2. Education and Lifestyle changes:

- i. Patients may be referred for healthy lifestyle and/or cooking groups.

V. REFERENCES

The Joint Commission, Comprehensive Accreditation Manual for Hospitals, 2011, Provision of Care Chapter

The Joint Commission, Comprehensive Accreditation Manual for Behavioral Health, 2011, Provision of Care Chapter

OSH Policy & Procedure 6.040, Patient Wellness

OSH Diet Manual