Date: [Date]

To: [Requesting Surgeon/Anesthesiologist Name]
Department: [Surgical Department]
Facility: [Hospital/Clinic Name]

RE: Preoperative Endocrinology Consultation
Patient Name: [Patient Name]
Date of Birth: [DOB]
Proposed Procedure: [Procedure Name]
Date of Surgery: [Surgery Date]

Clinical Summary:
This patient has been evaluated for perioperative management of complex diabetes. Current HbA1c is [A1c Value]% (Date: [Date]). Patient utilizes [Multiple Daily Injections / Insulin Pump / Continuous Glucose Monitor].

Preoperative Medication Adjustments:

- **Oral Agents/Non-Insulin Injectables:** Discontinue SGLT2 inhibitors 3 days prior to surgery. Hold all other oral medications on the morning of the procedure.
- **Long-Acting Insulin (Glargine/Detemir/Degludec):** Administer [Percentage, e.g., 75-80%] of the usual dose the evening before and/or the morning of surgery.
- **Short-Acting Insulin (Lispro/Aspart/Regular):** Hold on the morning of surgery unless needed for correction of hyperglycemia >180 mg/dL.
- **Insulin Pump Settings:** Maintain basal rate at [Percentage]% or switch to a temporary basal rate of [Rate] units/hr starting at [Time].

Intraoperative and Immediate Postoperative Goals:

- Target blood glucose range: 100-180 mg/dL.
- Check capillary glucose every [Number] hours while NPO.
- Initiate IV Dextrose 5% if blood glucose falls below [Value] mg/dL while NPO.

Postoperative Resumption:
Resume home diabetes regimen once the patient is tolerating oral intake and renal function is stable. If the patient remains NPO post-surgery, transition to a basal-bolus sliding scale insulin protocol.

Endocrinology Follow-up:
The patient should follow up with this office [Number] weeks after discharge.

Sincerely,

[Your Name, MD/DO]
[Department of Endocrinology]
[Contact Information]