Supplemental Table 1. Treatment protocol for hyperglycaemia (>155 mg/dL)

During the first 24 hours: insulin should be administered via pump infusion, 100 International Unit (IU) of insulin in 100 ml of 0.9% saline, and the infusion rate adjusted according to the patient's hourly capillary glucose levels.

- If glucose levels above target >2 hours, increase infusion rate by 1IU/hour.
- If glucose levels >270mg/dL over 2 hours, increase infusion rate by 2IU/hour.
- If glucose levels >360mg/dL over 2 hours, increase infusion rate by 3 IU/hour.

The capillary blood glucose level should be monitored every hour until it remains within the target range for a period of four hours. Thereafter, the monitoring should be conducted every two hours.

Intravenous (IV) insulin infusion	
regimen	
Capillary glucose	Insulin (IU/h)
levels (mg/dL)	
155-179	1
180-209	1,5
210-239	2
240-269	3
270-299	4
300-329	5
330-359	6
>360	7

Following a period of 24 hours and the initiation of oral/enteral nutrition:

- 1. If no iv insulin required during first 24 hours:
 - Recent diagnosis of DM or a previous diagnosis of DM with antidiabetic drugs: 0.2 units of insulin glargine per kilogram of body weight per day, with rapid-acting insulin corrections.
 - Previous diagnosis of DM with insulin therapy: 0.3-0.4 units of insulin glargine, with subsequent rapid-acting insulin corrections.
- 2. If iv insulin required during first 24 hours:
 - Calculation of the total insulin dose with requirements during the previous 24 hours: 80% of the iv dose if requirements were ≤ 2IU/h, 50% if requirements were > 2IU/h.
 - Overlap of iv insulin and subcutaneous (sc) insulin: maintain iv infusion until 2h after the first administration of rapid insulin sc or 4h if the insulin administered is long-acting.
 - Insulin dose distribution: 50% basal insulin at 09am. 50% rapid-acting insulin divided into 4 doses at breakfast (20%), lunch (40%), snack (10%) and dinner (30%). Correction schedule with same analogue.