Presence of diabetic ketoacidosis (DKA) or hyperosmolar hyperglycemic state (HHS)

In presence of unequivocal symptoms of hyperglycemia (polyuria, polydipsia, weight loss), Any ONE of the following:

- Random plasma glucose ≥ 200 mg/dL
- Fasting plasma glucose ≥ 126 mg/dL
- 2-hr glucose post 1.75 g/kg (max 75 g) oral glucose load (OGTT) ≥ 200 mg/dL
- Hemoglobin A1c (HbA1c) ≥ 6.5%

In absence of symptoms of hyperglycemia, Any TWO of the following:

- Random plasma glucose ≥ 200 mg/dL
- Fasting plasma glucose ≥ 126 mg/dL
- 2-hr glucose post 1.75 g/kg (max 75 g) oral glucose load (OGTT) ≥ 200 mg/dL
- Hemoglobin A1c (HbA1c) ≥ 6.5%

American Diabetes Association Guidelines for the Diagnosis of “PREDIABETES”

<table>
<thead>
<tr>
<th>Impaired fasting glucose</th>
<th>Fasting glucose 101 – 125 mg/dL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impaired glucose tolerance</td>
<td>Random or 2-hr glucose post-OGTT 140-199 mg/dL</td>
</tr>
<tr>
<td>Elevated HbA1c</td>
<td>5.7 – 6.4%</td>
</tr>
</tbody>
</table>

Please note:

1. Glucose values are based on serum glucose, not point-of-care values which can be inaccurate and imprecise.
2. Elevated fasting and/or non-fasting insulin levels are NOT diagnostic of either pre-diabetes or diabetes and are not involved in diagnosis decisions; instead, use glucose or HgbA1C values as above to make a diagnosis.
3. Hemoglobin A1c can be falsely low in conditions of increased hemolysis such as cystic fibrosis, anemia, or hemoglobinopathies.