

KCH ED OBSERVATION UNIT:

Metabolic Abnormality: Clinical Guidelines

HYPERGLYCEMIA

CRITERIA:

Inclusion

- Blood glucose > 400mg/dL
- Readily treatable cause (i.e. medication non-compliance, UTI, abscess) if present

Exclusion

- Unstable or significantly abnormal vital signs (hypotension, fever)
- Ketoacidosis: pH <7.30, CO₂ <18, anion gap >15
- Serious precipitating cause
- Hyperosmotic non-ketotic coma
- Any factor that will preclude discharge within 48hours
- Any other need for inpatient admission

INTERVENTIONS:

- Serial exams every 4-6 hours
- Serial vital signs every 4 hours
- Serial finger sticks
- Insulin administration
- Intravenous fluids administration
- Electrolyte monitoring and administration as indicated
- Treatment of precipitating cause
- Diabetic counseling
- Care Management
- **Diet**

DISPOSITION:

Home:

- Stable vital signs
- Tolerating oral intake
- Precipitating factor (s) addressed if present
- Adequate follow up plan
- If new onset DM, follow up within 72 hours

Admission:

- Unstable vital signs (hypotension, fever)
- Deterioration of clinical status
- Widening anion gap
- Another acute process becomes apparent
- Does not meet discharge criteria after observation period

Please note additional orders, such as patient's home medications can be ordered for standing administration.