ED OBSERVATION UNIT: HYPERGLYCEMIA PROTOCOL NYC H+H KINGS COUNTY HOSPITAL CENTER

General Observation Guidelines apply for all ED observation patients.

INCLUSION CRITERIA	EXCLUSION CRITERIA
 Blood glucose > 400 mg/dL with metabolic derangements (especially for new diagnosis of diabetes) Treatable cause (e.g. medication noncompliance, UTI, abscess) if present Mild DKA (7.25 < pH < 7.30, HCO3 > 15, AG < 15, patient is hemodynamically stable, at baseline mental status, not pregnant, has established outpatient medication regimen, and DKA has known/treatable etiology) 	 Ketoacidosis requiring continuous IV insulin therapy (e.g. pH < 7.3, CO2 < 18, anion gap > 15 with evidence of ketones [beta-hydroxybutyrate or urine ketones]. No specific level of BHB is diagnostic or specific for DKA requiring IV insulin) Serious precipitating cause that would otherwise necessitate admission Hyperglycemic hyperosmolar state indicated by ALL of the following: Blood glucose > 600 mg/dL, serum osm > 320 mOsm/kg Altered mental status New diagnosis of diabetes

INTERVENTIONS

- Serial finger stick glucose
- Insulin administration
- IV fluid administration
- Electrolyte monitoring and administration as indicated
- Treatment of precipitating cause
- Diabetic counseling
- Care management

DISPOSITION

Home:

Admission:

- Precipitating factor(s) addressed if
 present
- Oral hydration is adequate, mental status at baseline, electrolytes
- Deterioration of clinical status, especially if severe or persistent dehydration, altered mental status and/or vomiting are present

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- corrected and acidosis resolved.Adequate follow up including 72
- hour follow up for new-onset DM
- Widening anion gap which may necessitate the use of IV insulin infusion

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