

Patient presents with known Diabetes Mellitus, suspected new-onset Diabetes Mellitus, or documented glucose ≥ 200

Is patient exhibiting critical organ instability?

Yes

Provide appropriate stabilization care

No

Nursing action items:

- Obtain weight (in kg)
- Place on CR and O₂ monitors
- Assess neurologic status at least every 1 hour
- Place IV
- Obtain BMP, iSTAT (AH) or venous blood gas (CMK)
- Assess patient POC chemistries every hour:
 - Blood glucose
 - Beta-hydroxybutyrate (BOHB) [ketones]
- Assess vital signs every 2 hours
- Measure I & O

What is the CO₂ / Bicarb?

≥ 16 mmol/L

Call Endocrine on Call for disposition

< 16 mmol/L

Administer IV bolus of 10 mL/kg/h over 1-2 hours of isotonic crystalloid [maximum 1 liter] followed by Normal Saline at 1.5 maintenance fluids

Is patient currently using an insulin pump?

Yes

Shut off and disconnect insulin pump from patient until a Diabetes Team member is available to assess the equipment

No

Administer basal insulin (glargine) dose, 1 time only, based on age:
< 5 yoa: 0.2 units / kg
 ≥ 5 to < 8 yoa: 0.3 units / kg
 ≥ 8 to < 11 yoa: 0.4 units / kg
 ≥ 11 yoa: 0.5 Units / kg

If N/V consider Ondansetron

Initiate Insulin Drip and DKA IV fluids

Does the pt's labs meet any of the following criteria:

- CO₂ / Bicarb less than 5
- < 5 yoa with bicarb less than 10
- altered LOC or
- significantly elevated BUN

Yes

Admit to PICU

No

Call Endocrine on Call for disposition