

**Abbreviations (laboratory & radiology excluded):**  
 pt. = patient  
 ED = Emergency Department  
 SHTG = severe hypertriglyceridemia  
 AP = Acute pancreatitis

**Goals for SHTG Care Process**

- Decrease TG level with the use of insulin (insulin drip titrated to max of 0.3 unit/kg/hour)
- Dextrose infused in parallel to prevent hypoglycemia and/or maintain euglycemia
- Consider IVF to maintain hydration

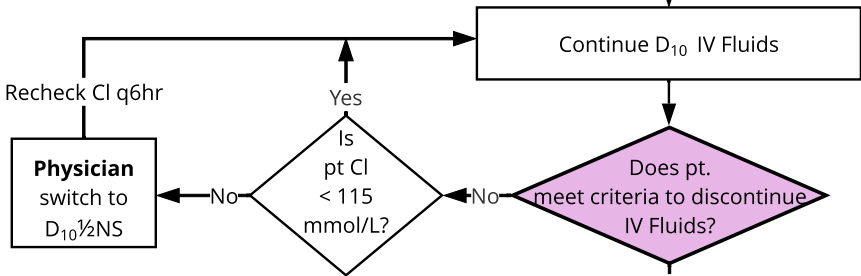
**Transfer pt to inpt unit\***  
 (\*general inpt unit should be 6 Henson, if bed available, or PICU if pt. unstable)

POC BG q1hr for first 24hrs  
 (if stable discuss frequency with endocrinology)  
 \*Inpt labs and assessment

**\*Inpatient labs:**

- BMP q6 hrs
- TG q6 hrs
- CBC daily if pt has AP

**Clinical assessment** for fluid overload q12hr



**Regular Insulin drip:**

- Start at 0.1 unit/kg/hr
- As tolerated, increase rate in increments of 0.05 units/kg/hr (increase q6hr)

**POC Blood Glucose Checks**

- Check 15 minutes after insulin start
- Check 15 minutes after any rate change to insulin drip
- Once patient stabilized at (determine rate & time) check q1h

**IV Fluids bag components:**

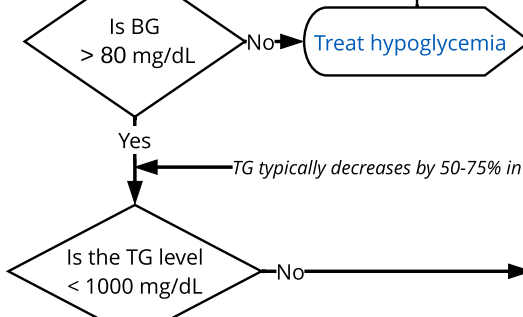
- Start at 1.5x maintenance
- D<sub>10</sub>NS w/20mEq/L K Acetate & 20mEq/L K Phosphate
- Switch to D<sub>10</sub> 1/2 NS w/ 20 mEq/L K Acetate & 20 mEq/L K Phosphate if chloride gets too high (>115 mmol/L)

**Criteria to d/c IV Fluids:**

- Tolerating oral intake or enteral feeds at goal rate
- If D10 stopped and pt not tolerating PO/enteral feeds, discuss with GI

**Criteria to d/c Insulin drip:**

- TG < 500 mg/dL
- TG = 500 - 1,000 mg/dL - if not dropping further in 2-3 days - discuss with Endocrine



• Discontinue insulin drip and IV Fluids

• Begin clear liquid diet when:

- Pt. states hunger
- No GI symptoms (abdominal pain, nausea, vomiting)

• Advance to low fat diet as tolerated

**Meets discharge criteria?**  
 TG < 1,000 mg/dL\*  
 Tolerating oral intake  
 (\*Once PO resumed, rebound of TG up to 1,000 mg/dL is expected)

SHTG pt presents to ED

*This care process model is meant as a guide for the healthcare provider, does not establish a standard of care, and is not a substitute for medical judgement which should be applied based upon the individual circumstances and clinical condition of the patient.*