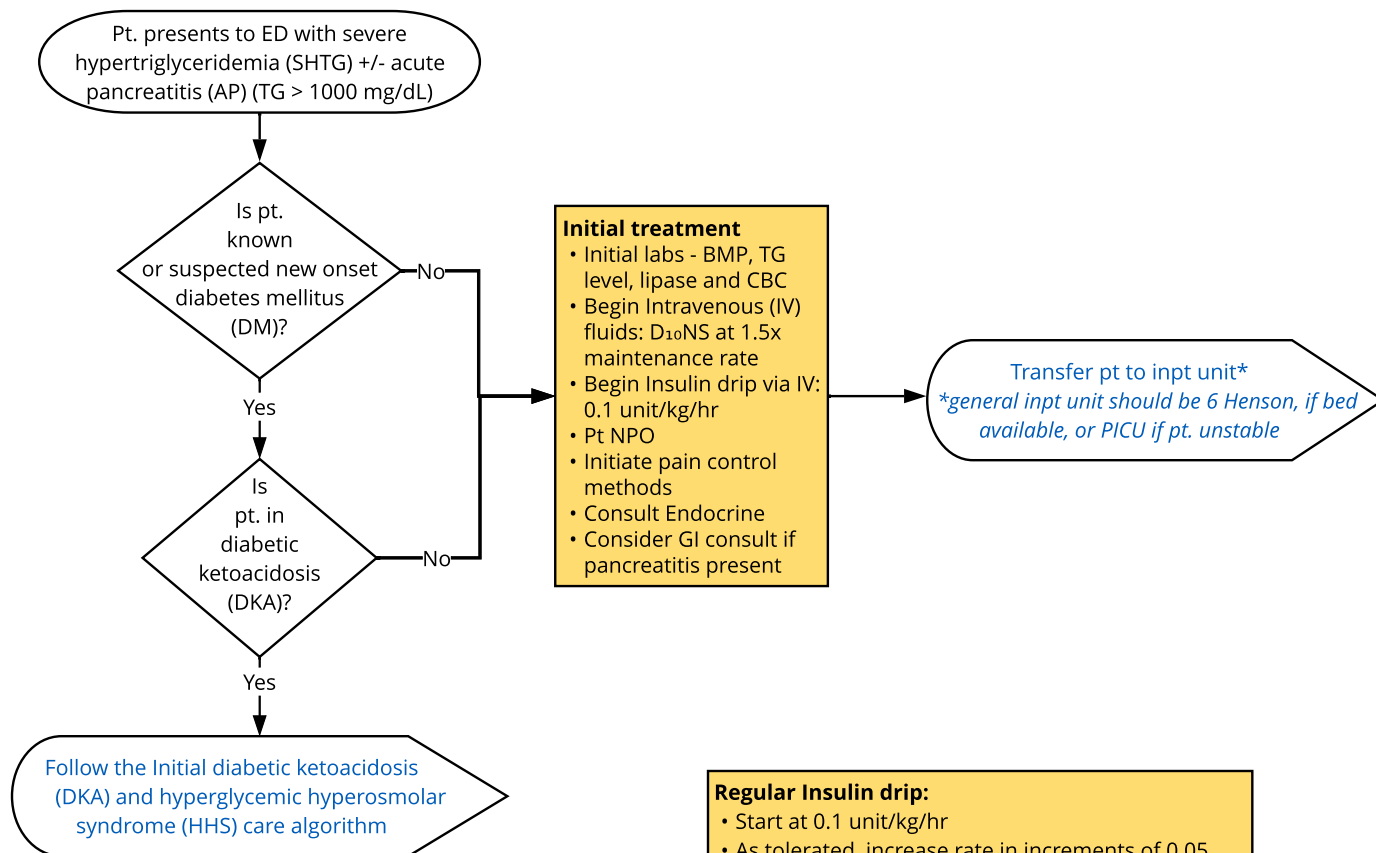




Goals for SHTG Care Process

- 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



Initial treatment

- Initial labs - BMP, TG level, lipase and CBC
- Begin Intravenous (IV) fluids: D₁₀NS at 1.5x maintenance rate
- Begin Insulin drip via IV: 0.1 unit/kg/hr
- Pt NPO
- Initiate pain control methods
- Consult Endocrine
- Consider GI consult if pancreatitis present

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 q1hr

IVF bag components:

- Start at 1.5x maintenance rate
- D₁₀NS w/20mEq/L K Acetate & 20mEq/L K Phosphate
- Switch to D₁₀1/2 NS w/ 20 mEq/L K Acetate & 20 mEq/L K Phosphate if chloride gets too high (>115 mmol/L)

Abbreviations (laboratory & radiology excluded):

pt. = patient
 ED = Emergency Department
 SHTG = severe hypertriglyceridemia
 AP = Acute pancreatitis
 DM = diabetes mellitus
 DKA = diabetic ketoacidosis