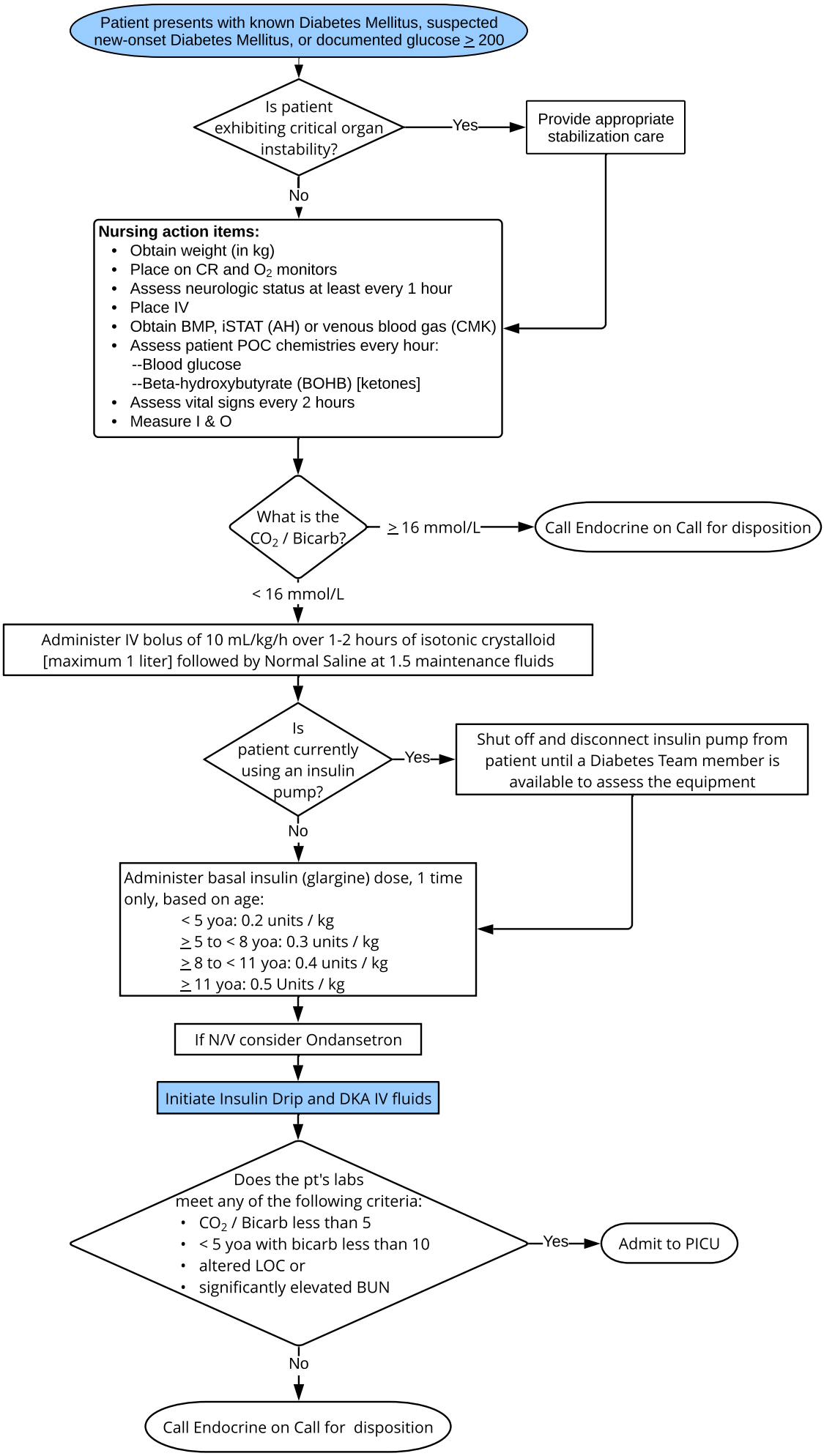
Patient presents with known Diabetes Mellitus, suspected new-onset Diabetes Mellitus, or documented glucose ≥ 200
Is patient exhibiting critical organ instability?
Yes
Provide appropriate stabilization care
No
Nursing action items:
• Obtain weight (in kg)
• Place on CR and O_2 monitors
• Assess neurologic 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 CO_2 / 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:
• CO_2 / 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