

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

CPM Finalized: 7.15.21
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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, calculated osmolality (Osmo Calc), lactic acid, 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

Caring for the pt. with Hyperglycemic Hyperosmolar Syndrome synopsis

Is POC Glucose > 500 or "Hi"?

Yes -> Administer 10-20 mL/kg of isotonic crystalloid (max: 1000 ml) over 1 hour

Is Osmo calc ≥ 320 ?

- Initiate Normal Saline at 2x maintenance rate
- Obtain Creatine Kinase
- Call Endocrine on Call and PICU to discuss additional management

No

No

What is the CO₂ / Bicarb?

≥ 16 -> Call Endocrine on Call for disposition

- PICU admission criteria for HHS:
- Osmol calc ≥ 350
 - CO₂ / Bicarb less than 5
 - Hemodynamic instability
 - Altered mentation

< 16 mmol/L

Has the pt. received an IV bolus?

No -> 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

Yes

Is the pt. currently using an insulin pump?

Yes -> 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 Notify Endocrine on Call

No

Call Endocrine on Call for disposition