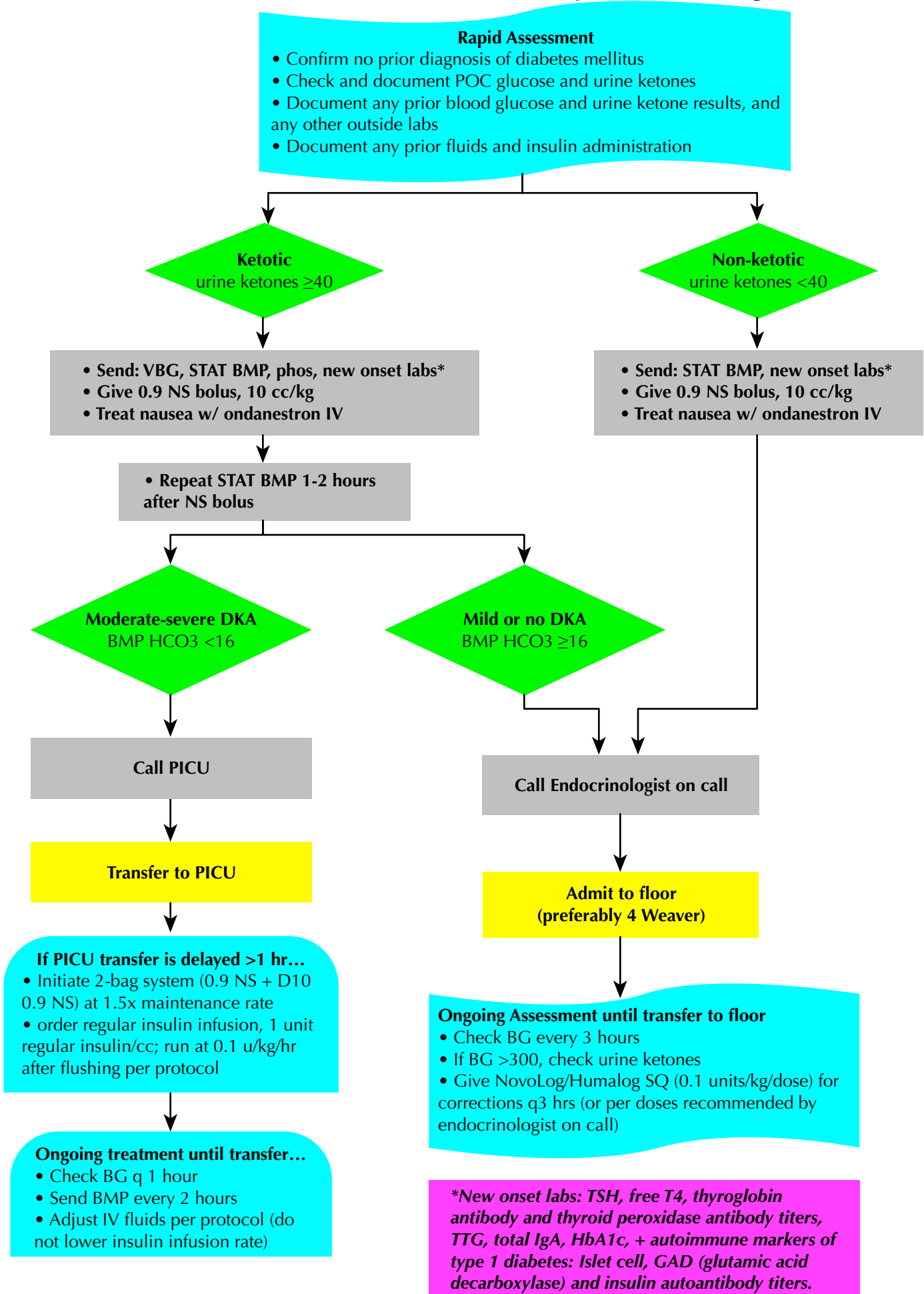
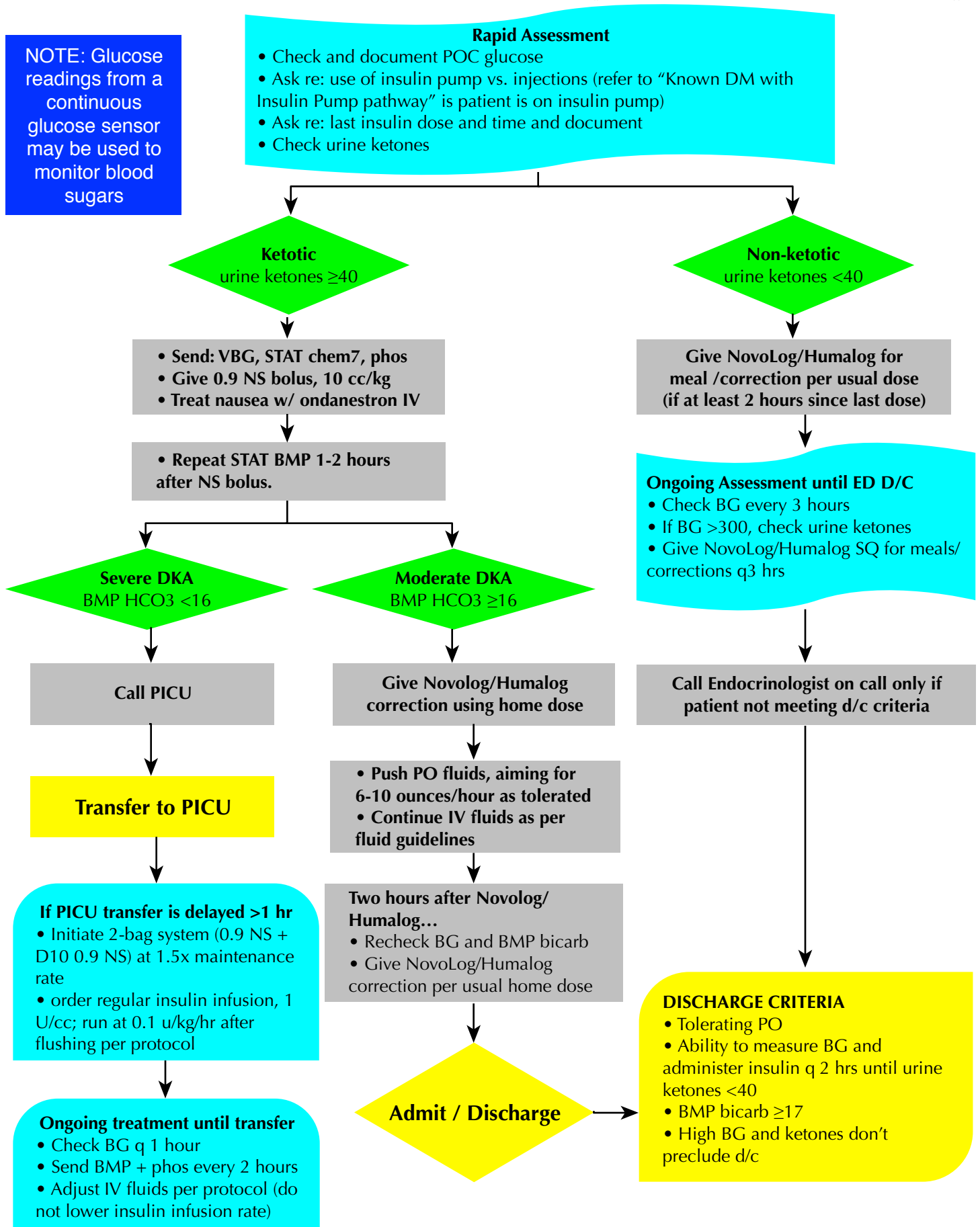


Diabetes Mellitus Pathway: New Diagnosis



Known Diabetes Mellitus Pathway: Without Insulin Pump



Known Diabetes Mellitus Pathway: On Insulin Pump

NOTE: Glucose readings from a continuous glucose sensor may be used to monitor blood sugars

Rapid Assessment

- Check and document POC glucose
- Verify patient is on insulin pump
- Ask re: last insulin dose (via pump or injection) and time and document
- Check urine ketones

Ketotic
urine ketones ≥ 40

Non-ketotic
urine ketones < 40

- Send: VBG, STAT chem7, phos
- Give 0.9 NS bolus, 10 cc/kg
- Treat nausea w/ ondanestron IV

Give NovoLog/Humalog via insulin pump for meal /correction per usual dose (if at least 2 hours since last dose)

- Repeat STAT BMP 1-2 hours after NS bolus.

Ongoing Assessment until ED D/C

- Check BG every 3 hours
- If BG > 300 , check urine ketones
- Give NovoLog/Humalog via insulin pump for meals/corrections q3 hrs

Severe DKA
BMP HCO₃ < 16

Moderate DKA
BMP HCO₃ ≥ 16

Disconnect insulin pump;
Call PICU

Give Novolog/Humalog correction using home dose via SQ injection

Call Endocrinologist on call only if patient not meeting d/c criteria

Transfer to PICU

- Push PO fluids, aiming for 6-10 ounces/hour as tolerated
- Continue IV fluids as per fluid guidelines

If PICU transfer is delayed > 1 hr

- Initiate 2-bag system (0.9 NS + D10 0.9 NS) at 1.5x maintenance rate
- order regular insulin infusion, 1 U/cc; run at 0.1 u/kg/hr after flushing per protocol

Two hours after Novolog/Humalog...

- Recheck BG and BMP bicarb
- Give NovoLog/Humalog correction via SQ per usual home dose

Ongoing treatment until transfer

- Check BG q 1 hour
- Send BMP + phos every 2 hours
- Adjust IV fluids per protocol (do not lower insulin infusion rate)

Admit / Discharge

DISCHARGE CRITERIA

- Tolerating PO
- Ability to measure BG and administer insulin q 2 hrs until urine ketones < 40
- BMP bicarb ≥ 17
- High BG and ketones don't preclude d/c