

Adult Emergency Department Diabetes Management Protocol

OBJECTIVE

- Provide guidance for a consistent approach to blood glucose (BG) management for diabetic patients in the Adult ED

INDICATIONS FOR USE

- Patient has a known diagnosis of diabetes in the Emergency Department

EXCLUSIONS

- Suspicion or known diagnosis DKA or hyperosmolar hyperglycemic state as a primary diagnosis
- Acute hypoglycemia as a primary diagnosis
- Blood glucose > 350 mg/dL on first check

PROCEDURE

Providers

- Order appropriate RN Driven Glucose Correctional/ Hypoglycemia scale via HMED Order Sets
- Order appropriate scheduled BG checks within order set
- If indicated, order patient's routine long acting insulin dose within order set

Nurses

- RN must acknowledge treatment order for RN Driven Glucose Correctional/ Hypoglycemia scale
- Interventions
 - Perform BG finger sticks as scheduled
 - Identify whether intervention is necessary based on protocol
 - If blood glucose > 150 mg/dL, proceed with administration of insulin as directed by the protocol and document administration in the appropriately selected flow sheet and continue with scheduled BG checks (no additional BG checks necessary)
 - If blood glucose ≥ 60 and ≤ 150 mg/dL, no intervention is necessary. Document no intervention in appropriately selected flow sheet and continue with schedule BG checks
 - If blood glucose < 60 mg/dL, proceed with recommended hypoglycemia interventions and document in the appropriately selected flow sheet, check BG in 20 minutes post intervention per hypoglycemia decision tree
- Documentation
 - All documentation should take place on existing flow sheet under flows (LOW/MEDIUM RN Driven Correctional Scale)
 - Documentation should include
 - Scheduled BG checks
 - Any SQ insulin as per sliding scale as appropriate
 - Any hypoglycemia intervention as appropriate
- Physician notification
 - Should occur with BG > 350 mg/dL

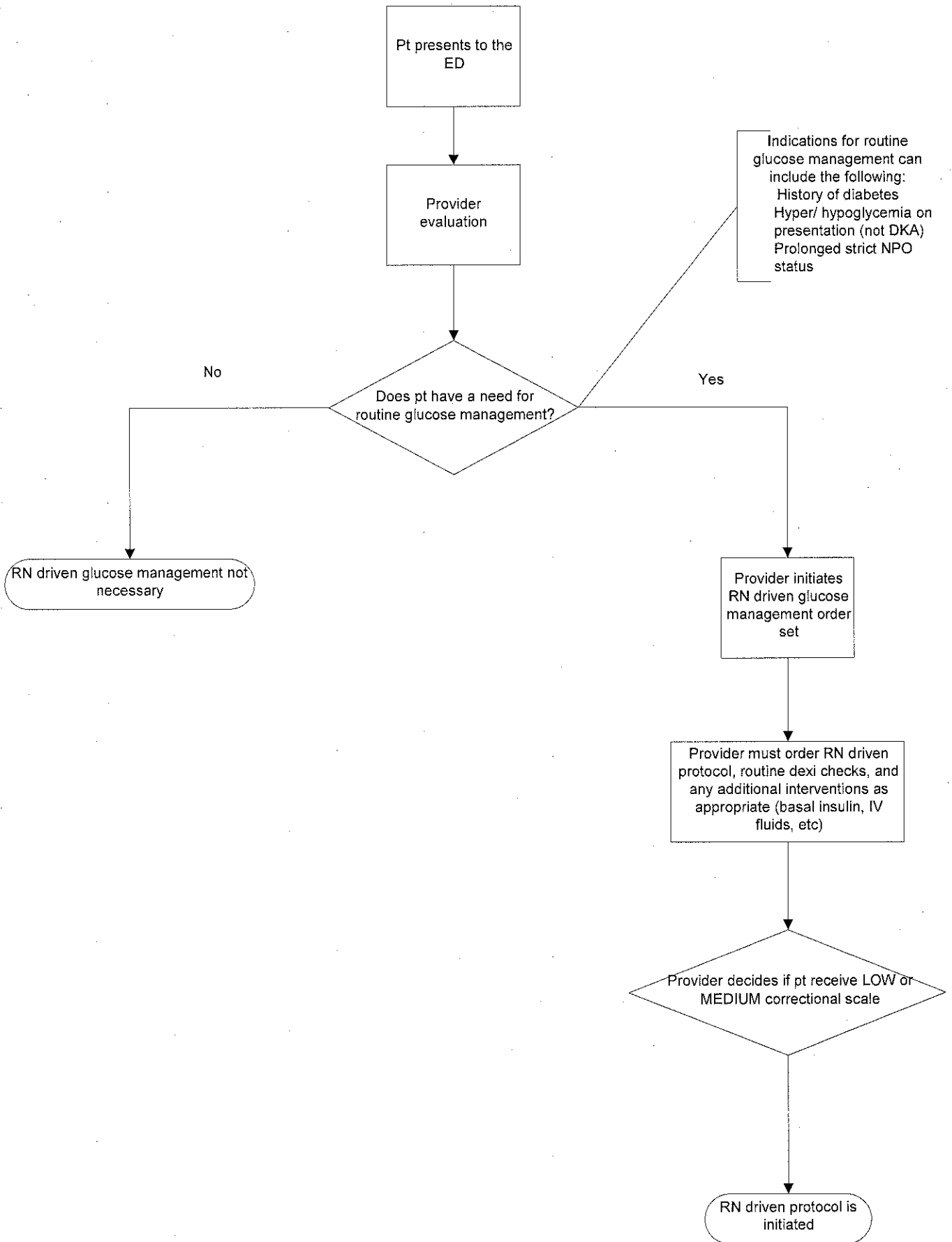
REPORTABLE CONDITIONS

- Blood glucose < 60 or >350 mg/dL
- Patient unresponsive

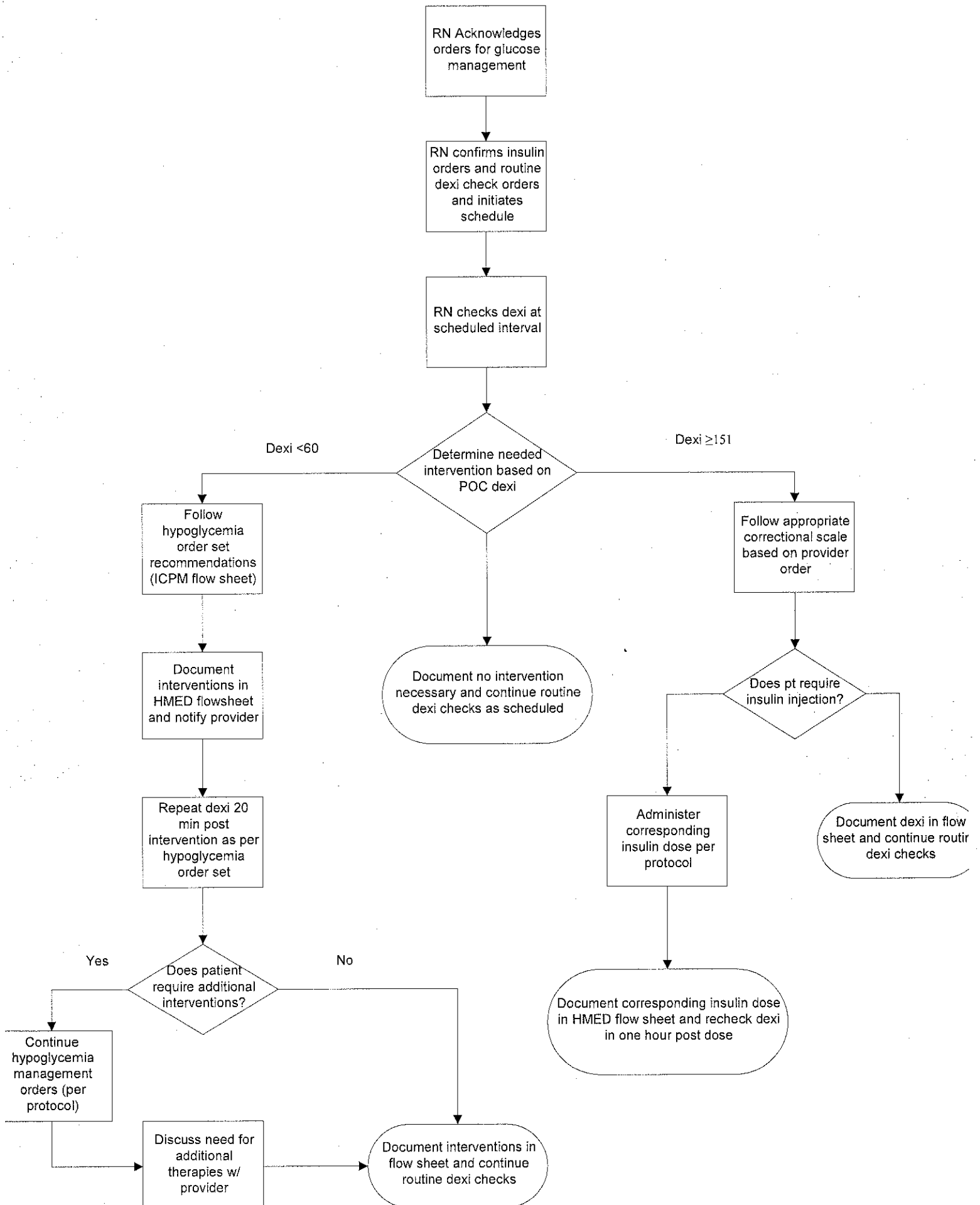
SUPPORTIVE INFORMATION

- Appendix A: Provider Work flow
- Appendix B: RN Work flow
- Appendix C: Hypoglycemia decision tree
- Appendix D: Insulin correctional scales

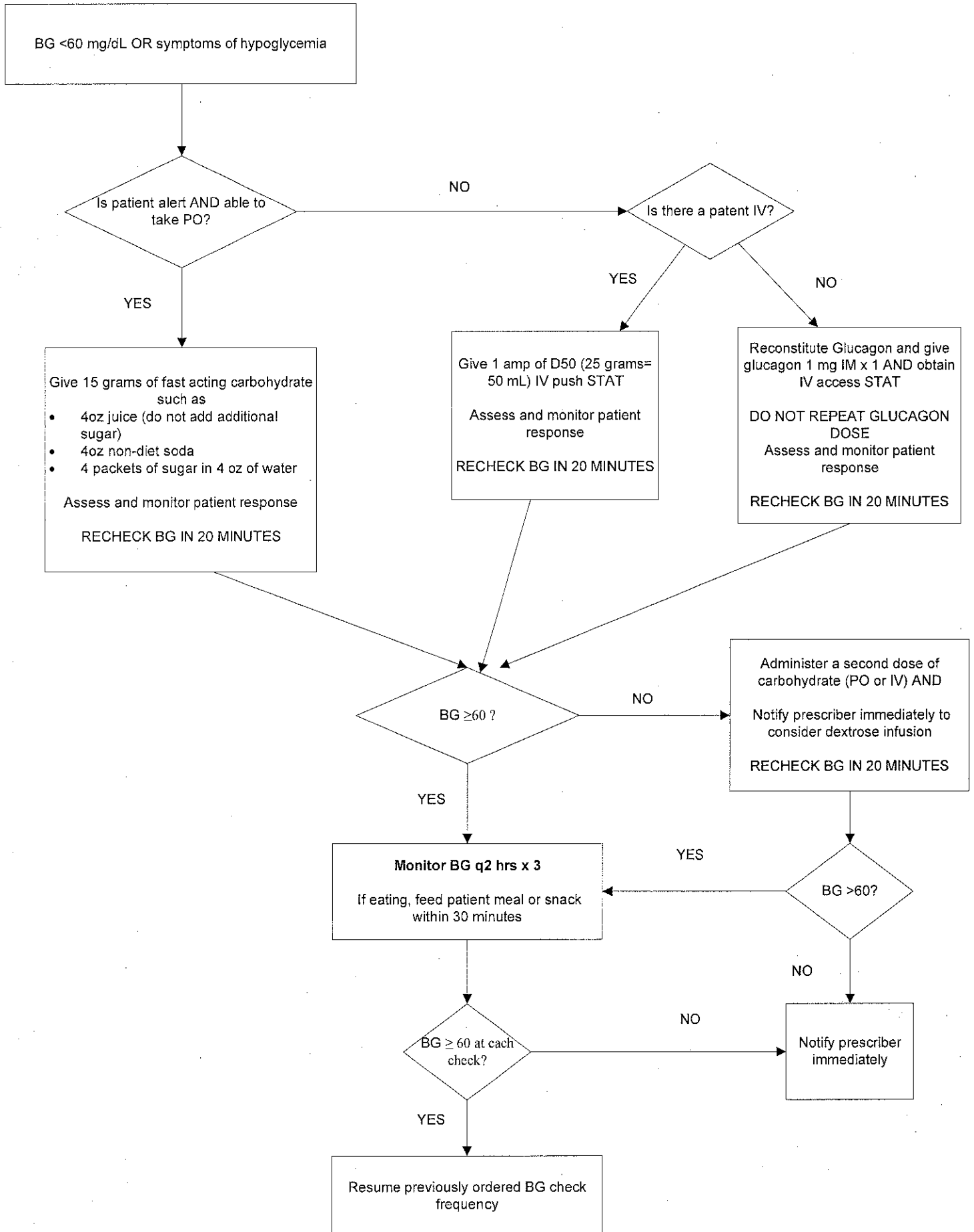
Appendix A: RN Driven Sliding Scale insulin/ Glucose Management (Provider Responsibilities)



Appendix B: RN Driven Sliding Scale Insulin/ Glucose Management (RN Responsibilities)



Appendix C: Hypoglycemia Decision Tree



Appendix D: Aspart Insulin Correctional Scales

LOW correctional scale

<u>Blood Glucose (mg/dL)</u>	<u>Aspart Insulin Dose (units) SQ</u>
0-60	Treat per Hypoglycemia Orders
61-150	0 units
151-200	1 units
201-250	2 units
251-300	3 units
301-350	4 units
>350	5 units and notify provider

MEDIUM correctional scale

<u>Blood Glucose (mg/dL)</u>	<u>Aspart Insulin Dose (units) SQ</u>
0-60	Treat per Hyperglycemia Orders
61-150	0 units
151-180	1 units
181-210	2 units
211-240	3 units
241-270	4 units
271-300	5 units
301-350	6 units
>350	7 units