

DIABETES

	PHASE 1: ADMIT / INITIATE TREATMENT DATE: / / TIME: _____:_____	PHASE 2: STABILIZE/MONITOR DATE: / / TIME: _____:_____	PHASE 3: DISCHARGE TEACHING and DISCHARGE CRITERIA DATE: / / TIME: _____:_____
CRITERIA FOR ADMISSION/ DISCHARGE	<p>CRITERIA FOR ADMISSION:</p> <ul style="list-style-type: none"> New onset diabetic Known diabetic with DKA Type 1 diabetes Type 2 Diabetes <p>NON DKA MOVE TO PHASE 2</p> <p>PICU admission may be considered for any DKA patient with:</p> <ul style="list-style-type: none"> pH < 7.2 ≥ 10%–15% dehydration Hemodynamic instability Obtundation or other abnormal neurological finding Young child (≤ 5yo) with DKA 	<p>Phase Two:</p> <p>Monitor and stabilize patient moving from IV insulin gtt to SQ insulin .</p> <p>Monitor patient as SQ insulin routine for home management is established.</p>	<p>CRITERIA FOR DISCHARGE:</p> <ul style="list-style-type: none"> Stable insulin regimen PO intake adequate to balance insulin regimen D/C supplies at bedside D/C teaching complete PCP identified and contacted <p><input type="checkbox"/> Met within 72 hrs of resolution of acidosis</p>
HYDRATION Maintain rate of hydration < 50ml/kg/4hr Replace fluid deficit over 48hrs	<p>Initial bolus: NS 10–20ml/kg over 1 hr</p> <p>Maintenance IV Fluids: 0.45 NS–0.9 NS + 20 meq/L KCL + 20 meq/L KPO4</p> <p>Change to D5.45 ns + 20 meq/L KCL + 20 meq/L KPO4 once BG is < 250</p>	<p>IV heplocked</p> <p>Adequate po intake to meet maintenance needs</p>	<p>IV Dc'd</p>
IV INSULIN THERAPY Goal is blood glucose decreasing no faster than 50–100 mg/dl/hr DKA should be treated with IV insulin unless very mild acidosis	<p>Standard solution: 50 u insulin in 250ml NS</p> <p>Start insulin gtt at 0.1 unit/kg/hr = 0.5cc/kg/hr</p> <p>When blood glucose < 250, add D5 to maintenance fluids</p> <p>If blood glucose continues to decline with D5 in maintenance fluid, consider change to D10</p> <p><input type="checkbox"/> No IV insulin–move to Phase 2</p>	<p>Criteria for conversion to SQ insulin:</p> <ul style="list-style-type: none"> Acidosis is resolved and blood glucose is < 250 mg/dl D/C IV insulin AFTER the start of SQ insulin <p>Overlap regular insulin by one hour</p> <p>Overlap Humalog® insulin by 15 minutes</p> <p>Known diabetic: return to home regimen. Adjust insulin as needed for hypoglycemia, hyperglycemia or ketonuria</p> <p>Pt may need to have injections observed by nurses</p>	<p>Evaluate effectiveness of insulin regimen:</p> <p>Document on insulin and glucose flowsheet in MAR book</p>



(addressograph)

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<p>IV INSULIN TO SQ INSULIN</p> <p>Rapid acting insulin [Humalog®(lispro)]; onset 15 minutes, peak 1-2 hrs, duration 3-4 hrs.</p> <p>Fast acting insulin (regular): onset 15-30 minutes, peak 2-4 hrs, duration 6-8 hrs.</p> <p>Intermediate acting insulin (NPH): onset 2 hrs, peak 6-8 hrs, duration 10-12 hrs</p> <p>Long acting insulin (ultralente): onset 8 hrs, peak 12-18 hours, duration 24-36 hrs.</p> <p>Long acting basal insulin [Lantus® (glargine)]; onset 1-2 hrs, no peak, duration 24 hours. Consult with endocrinologist if using glargine.</p>		<p><input type="checkbox"/> New diabetic regimen from IV to SQ insulin once acidosis is resolved</p> <p>Total daily dose 0.5-1.0 u/kg/d</p> <p><u>Regular</u></p> <p>35% before breakfast 30% before lunch 25% before dinner 10% at 2300</p> <p>OR</p> <p><u>NPH + Regular or Humalog®</u></p> <p>Split total daily dose between pre breakfast and pre dinner (2/3 and 1/3 respectively)</p> <p>NPH 2/3 of total daily dose Short acting is 1/3 of total daily dose</p> <p>D/C IV insulin after the start of SQ insulin following the recommended guidelines</p>	<p>Discharge Insulin Regimen:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>ASSESSMENT/ EDUCATION</p>	<p>Vital signs q 2hrs until on stable IV insulin regimen</p> <p>I&O</p> <p>Dipstick urine q 2 hrs until ketones negative x2</p> <p>Daily weight</p> <p>Neuro checks Q 1-2 hrs until stable glucose level and normal neurological status</p> <p>Assess for signs & symptoms of hyper/hypoglycemia</p> <p>Fill out insulin glucose flowsheet (attached to clinical path) and keep in MAR</p>	<p>Routine vital signs</p> <p>I&O</p> <p>Dipstick urine Q void until ketones negative x2</p> <p>Daily weight</p> <p>Assess for signs & symptoms of hyper/hypoglycemia</p> <p>Psychosocial assessment ongoing with recommendations noted in teaching plan and plan of care</p> <p><input type="checkbox"/> Diabetes education initiated within 24 hrs of resolution of acidosis</p>	<p>Document ongoing education on education record at end of clinical path</p> <p>Weight at time of discharge _____kg</p> <p><input type="checkbox"/> Diabetes education completed</p>

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LABS	<p>In ED or on admission pt must have the following checked:</p> <ul style="list-style-type: none"> • Lytes, glucose, VBG, UA, HbgA1C, • C-peptide, TSH, T4 • VBG + Lytes q 2 hr while on insulin gtt • Blood glucose q 1-2hrs while on insulin gtt <p>Endocrine research team may obtain additional labs for studies as needed if consent completed on IRB approved protocol.</p>	<p>Daily lytes, glucose until stable Blood glucose tests before meals, HS and 0300</p> <p>Children with new onset diabetes and their parents may use glucometer given to them by the team for home use. Requires training and MD order.</p> <p>Diabetics readmitted for DKA must use hospital approved glucometer unless MD order on chart.</p>	See education record
NUTRITIONAL MANAGEMENT	<input type="checkbox"/> Nutritional referral	<p>Nutrition assessment to determine nutritional status, caloric needs, and establish a meal plan with recommended carbohydrate portions and snacks</p> <p>Family receives education in meal planning and carbohydrate counting</p>	Nutrition portion of diabetes education completed.
CONSULTS	<input type="checkbox"/> Child Life Specialist referral (3245) within 24 hrs of admission Date: / / Time: <input type="checkbox"/> Social work/psychology referral (call intake office at 2760) within 24 hrs of admission Date: / / Time:	<p>Family conference with endocrinologist or ARNP to discuss diabetes, insulin, blood glucose overview and to answer questions.</p> <p>Date: / / Time:</p>	<p>Primary MD called and aware of ongoing care planning needs</p> <p>Date: / / Time:</p> <hr style="width: 20%; margin-left: 0;"/> <p>Discharge form and care plan faxed to office.</p> <p>Other consults or referrals:</p> <p><input type="checkbox"/> F/U appointment to Endocrinology Clinic made</p>



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PHASE	INDICATORS	VARIANCE / REASON
ONE Admit	<input type="checkbox"/> No IV insulin–move to Phase 2 <input type="checkbox"/> Nutrition referral within 24 hrs of admission <input type="checkbox"/> Child Life Specialist referral within 24 hrs of admit <input type="checkbox"/> Social work/psychology referral within 24 hrs of admit	
TWO Therapy	<input type="checkbox"/> IV insulin to SQ insulin once acidosis resolved <input type="checkbox"/> Diabetes education initiated within 24 hrs of admit	
THREE Discharge	<input type="checkbox"/> Meets discharge criteria within 72 hrs of acidosis resolved <input type="checkbox"/> Diabetes education completed <input type="checkbox"/> F/U appointment to Endocrinology Clinic made	

VARIANCE CODES AND REASONS

CODE	REASON	CODE	REASON
Patient and Family		Clinician	
110	Patient/Family decision	311	Clinician not available - PT/OT response delay
120	Patient not cooperative.	312	Clinician not available - Social work response delay
130	Family not available	313	Clinician not available - RT response delay
Patient condition		314	Clinician not available - Other
210	No response to standard treatment	320	Inadequate discharge planning
220	Post-Operative Infection	330	MD ordered, no reason documented
230	Post-Operative Hemorrhage	Internal Systems	
240	Post-Operative Pulmonary complication	341	Internal delay - Lab response delay
250	Other Post-Op complication	342	Internal delay - Pharmacy response delay
260	Medication intolerance	343	Internal delay - Consultation ordered, but did not occur
271	Complicated course - Pre-existing co-morbid medical condition	344	Internal delay - MD rounds too late to permit same day discharge
272	Complicated course - Other new onset medical complication	345	Internal delay - Other
273	Complicated course - Other	External Systems	
		410	External care provider delay

DATE	HRS	SIGNATURE	DATE	HRS	SIGNATURE	DATE	HRS	SIGNATURE