

# CLINICAL PATHWAY DKA & Hyperosmolar

DRG NO 294

PATIENT IDENTIFICATION

<b>Initiating UNIT:</b>		<b>Initiating DATE:</b>		<b>Initiating TIME:</b>		<b>DRG NO: 294</b>	<b>LENGTH OF STAY: 3.0</b>
<b>Day 1 DATE:</b>		<b>Day 2 DATE:</b>			<b>Day 3 DATE:</b>		
<b>DKA (Must meet all 4)</b>		<b>NONKETOTIC HYPEROSMOLAR SYNDROME</b>					
BS > 300	Acidosis - ph - < 7.3	Plasma osmolality > 320m Osm / Liter					
Ketoneuria	Bicarb < 15	Osmolarity (mOsm/kg) = 2 [Na+(mEq/liter) + K + (mEq/liter)] + [BUN(mg/dl/2.8)] + [glucose(mg/dl/18)]					
	<b>ADMISSION</b>	<b>HOUR 1 - 6</b>	<b>HOUR 6 - 12</b>	<b>HOUR 12 - 24</b>	<b>DAY 2</b>	<b>DAY 3</b>	
<b>ACTIVITY</b>	<input type="checkbox"/> Bedrest - Admit to ICU / 2S	<input type="checkbox"/> Bedrest	<input type="checkbox"/> Bedrest	<input type="checkbox"/> OOB as tolerated	<input type="checkbox"/> OOB as tolerated	<input type="checkbox"/> OOB as tolerated	
<b>TEST SPECIMENS</b>	<input type="checkbox"/> Admission Weight <input type="checkbox"/> CBC c diff STAT <input type="checkbox"/> BMP <input type="checkbox"/> Lipid Profile <input type="checkbox"/> Serum Ketones <input type="checkbox"/> HgB A1C <input type="checkbox"/> UA-C&S as indicated <input type="checkbox"/> CXR <input type="checkbox"/> EKG <input type="checkbox"/> ABGs if Bicarb < 15 <input type="checkbox"/> Accucheck q 1 hr <input type="checkbox"/> Intake and Output	<input type="checkbox"/> Accucheck q 1 hr <input type="checkbox"/> Intake and Output	<input type="checkbox"/> BMP at hr 6 STAT <input type="checkbox"/> Accucheck q 1 hr <input type="checkbox"/> Intake and Output	<input type="checkbox"/> BMP at hr 12 STAT <input type="checkbox"/> Accucheck q 2 hr <input type="checkbox"/> Intake and Output	<input type="checkbox"/> Weight <input type="checkbox"/> BMP <input type="checkbox"/> Continue Accucheck q 2 hr until insulin drip: discontinue - then - <input type="checkbox"/> Accucheck 1/2 hr AC and HS <input type="checkbox"/> Intake and Output	<input type="checkbox"/> Accucheck 1/2 hr AC and HS <input type="checkbox"/> Intake and Output	
<b>DIET</b>	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> NPO	<input type="checkbox"/> Access for ability to advance diet as tolerated	<input type="checkbox"/> Calories <input type="checkbox"/> ADA Diet <input type="checkbox"/> HS Snack	<input type="checkbox"/> Calories <input type="checkbox"/> ADA Diet <input type="checkbox"/> HS Snack	
<b>IV FLUIDS</b>	<input type="checkbox"/> Bolus #1-1000 ml NS over 1 hr	<input type="checkbox"/> #2 1000 ml NS over 2 hr * <input type="checkbox"/> #3 1000 ml NS over 4 hr *; Change solution to D5 1/2 NS or D5W if BS < 250 <input type="checkbox"/> Fluid type depends on osmolar state	<input type="checkbox"/> #4 1000 ml 1/2 NS or D5 1/2 NS at 150-200 ml/hr . Adjust rate for hydration (1 and 0) <input type="checkbox"/> Add K+ as needed	<input type="checkbox"/> Assess need to continue IV fluids	<input type="checkbox"/> Fluids as indicated <input type="checkbox"/> Convert IV to Saline Lock	<input type="checkbox"/> Discontinue Saline Lock	
<b>MEDS</b> <i>(continued on next pg)</i>	<input type="checkbox"/> Insulin Drip, Regular Human Insulin 0.1 unit/kg as bolus, followed by 0.1 unit/kg per hr as drip until BS ≤ 250, then 1-2 unit insulin per hr to keep BS in 150-250 range	<input type="checkbox"/> Continue Insulin Drip	<input type="checkbox"/> Continue Insulin Drip	<input type="checkbox"/> Continue Insulin Drip	<input type="checkbox"/> Discontinue Insulin Drip** <input type="checkbox"/> Sliding scale insulin coverage 1/2 hr AC and HS (Regular Insulin) SQ <input type="checkbox"/> Other meds as indicated	<input type="checkbox"/> Regular Insulin Sliding scale 1/2 hour before lunch & HS. Cover only BS > 300 <input type="checkbox"/> Begin Novolin or Humulin 70/30 0.1 units / kg / 24hr SQ	

Clinical pathways are tools to facilitate and guide multi-disciplinary patient care. They do not represent a standard of care or replace physician orders or clinical judgment. Modifications are made based on documented individual patient needs.

## PART OF THE MEDICAL RECORD

Your  
Hospital's  
Logo  
Here

# CLINICAL PATHWAY

## DKA & HYPEROSMOLAR

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PATIENT IDENTIFICATION

	ADMISSION	HOUR 1 - 6	HOUR 6 - 12	HOUR 12 - 24	DAY 2	DAY 3
<b>MEDS</b> (continued)					** Do not discontinue Insulin drip after 8 pm	* 2/3 of calculated dose 30 min before breakfast * 1/3 of calculated dose 30 min before dinner <input type="checkbox"/> Hold Insulin if NPO
<b>CONSULTS</b>				<input type="checkbox"/> Dietary - Diabetes Educator <input type="checkbox"/> Social Services - Case Mgmt Coordinator if indicated	<input type="checkbox"/> As indicated for discharge planning	
<b>DISCHARGE PLANNING</b>			<input type="checkbox"/> Assess discharge needs and document <input type="checkbox"/> Review LOS with patient and family		<input type="checkbox"/> Establish discharge plan with patient and family <input type="checkbox"/> Assess & arrange need for home assistance & distribution of supplies	<input type="checkbox"/> Arrange for discharge needs
<b>PATIENT TEACHING</b>	<input type="checkbox"/> Orient patient to room, call light and floor routines.		<input type="checkbox"/> Explain diagnosis & and course of treatment	<input type="checkbox"/> Review plan of care with patient and family <input type="checkbox"/> Education and skills assessment <input type="checkbox"/> Implement Diabetes Teaching Form <input type="checkbox"/> Begin Insulin Instruction with patient & family. Patient to observe injection and BGM.	<b>TEACH:</b> <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Foot Care <input type="checkbox"/> Dietician - Nutrition w/ nurse reinforcing  <b>PATIENT:</b> <input type="checkbox"/> Practice injection + BGM -then- <input type="checkbox"/> Patient does own injection and BGM <input type="checkbox"/> Encourage patient to watch channel 3 Diabetes Video	<input type="checkbox"/> Patient to continue self injection and BGM with nurse observing <input type="checkbox"/> Teach onset, peak, and duration of insulin.  <b>REINFORCE:</b> * Diet * Foot Care * Good Injection Technique * Hypoglycemia Awareness * When to call MD
<b>EVALUATION</b>		_____ Initials  _____ Unit	_____ Initials  _____ Unit	_____ Initials  _____ Unit	_____ Initials  _____ Unit	_____ Initials  _____ Unit

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