

Stable Insulin Drip/ DKA

Insulin Drip Concentration: 100units/100ml (1unit/ 1ml)

Standards of Care:

- Check BG Q1H
- Patients are typically NPO
- Frequent Electrolyte checks (Q4H Renal Panel, Mag) and replacement necessary
- Once glucose is below 200 mg/dL, change IVF to D5-1/2NS.
- Notify MD when glucose decreases below 150 mg/dL or increases above 350 m/dL.
- When $\text{HCO}_3^- > 15$ (anion gap < 10) and glucose < 200 mg/dL, contact MD for orders to transition off insulin drip and initiate SC insulin.
- DO NOT DISCONTINUE INSULIN DRIP UNLESS FSBS < 100 .
- Turn off IV Fluids when D/C insulin Drip

Titration Drip

- If glucose is NOT decreasing by 50-100 mg/dL/hr, increase insulin infusion rate by 2 units/hour.
- If glucose is decreasing by > 100 mg/dL/hr, decrease insulin drip by 2 units/hr.

Electrolyte Replacement:

Frequent Electrolyte checks (Q4H Renal Panel, Mag ordered) and replacement necessary

- Follow Critical Care Replacement Protocol for K/Mag
 - Follow DKA Phosphorus replacement
- ⇒ If phosphorus is 0.1-1 mg/dL, supplement 0.08 mM/kg KPO_4 in 250 ml NS over 4 hours.
- ⇒ If phosphorus is less than 0.5 mg/dL and patient weighs less than 100 kg, supplement with 0.16 mM/kg in 250 ml NS over 4 hours.
- ⇒ If phosphorus less than 0.5 mg/dL and patient weighs greater than 100 kg, supplement with 0.16 mM/kg KPO_4 in 500ml NS over 6 hours.

Pharmacy to enter exact weight based doses.

ICU Potassium Electrolyte Replacement (Initiated Pending)

Patient Care	
	If K < 3.5, Check Magnesium
	ICU Potassium Replacement Instructions: Recheck K 1 hr after final IV infusion OR 2 hr after final enteral repletion; Recheck K in AM after using protocol; Repeat repletion protocol until serum K at goal.
Potassium Replacement Enteral	
<input type="checkbox"/>	rxCU K <= 2.4 mEq/L (Enteral)(subphase)
<input type="checkbox"/>	rxCU K 2.5-3.0 mEq/L (Enteral) (subphase)
<input type="checkbox"/>	rxCU K 3.1-3.4 mEq/L (Enteral) (subphase)
<input type="checkbox"/>	rxCU K 3.5-3.8 mEq/L (Enteral) (subphase)
Potassium Replacement IV	
<input type="checkbox"/>	rxCU K <= 2.4 mEq/L (IV) (subphase)
<input type="checkbox"/>	rxCU K 2.5-3.0 mEq/L (IV) (subphase)
<input type="checkbox"/>	rxCU K 3.1-3.4 mEq/L (IV) (subphase)
<input type="checkbox"/>	rxCU K 3.5-3.8 mEq/L (IV) (subphase)

ICU Magnesium Electrolyte Replacement (Initiated Pending)

Patient Care	
	May be used prn while patient in critical care
	ICU Magnesium Replacement Nursing Instructions - If no serum magnesium is available within the past 6 hours, draw a level to establish baseline. If magnesium < 1.6, check potassium level; Recheck magnesium 2 hours after IV infusion completed; Recheck magnesium in am after using protocol; Repeat repletion protocol until serum magnesium at goal
Medications	
<input type="checkbox"/>	rxCU MG <=1 mEq/L (IV) (subphase)
<input type="checkbox"/>	rxCU MG 1.1-1.3 mEq/L (IV) (subphase)
<input type="checkbox"/>	rxCU MG 1.4-1.6 mEq/L (IV)(Subphase)
Laboratory	
<input checked="" type="checkbox"/>	Magnesium Level Blood, AM Draw, T+1;0330, Nurse coll...

	\$	▼	Component	Status	Dose ...	Details
ICU DKA Phosphorus Replacement (Planned Pending)						
Medications						
Phosphorus 0.5 -1 mg/dL						
<input type="checkbox"/>			potassium phosphate		0.08 mmol/kg, IV Piggyback, Once, A...	Phosphorus 0.5 -1 mg/dL Per ICU DK...
Phosphorus LESS THAN 0.5 mg/dL						
<input type="checkbox"/>			potassium phosphate		0.16 mmol/kg, IV Piggyback, Once, A...	Phosphorus LESS THAN 0.5 mg/dL P...