POLICY: PATHS strives to provide quality medical care to all patients consistent with services offered on an outpatient basis in a community health care setting. Acute hyperglycemia can become a life threatening illness in a diabetic patient. Therefore, it is vital that protocol be closely followed when treating a patient with this illness. However, it is always at the providers’ discretion as to whether or not the patient should be treated as an inpatient or an outpatient based on the patients clinical presentation and or exam/laboratory findings.

PROCEDURE:
Any patient identified by a provider or a nurse as having finger stick blood glucose level of 400 mg/dL or greater is to be treated according to the protocol for management of acute hyperglycemia with the exception of those patients that are listed below:

- Any patient with an acute illness
- Any patient with moderate to large ketones
- Any patient with new onset diabetes
- Any patient whom provider feels is at high risk of DKA or hyperglycemic hyperosmolar syndrome (HHS) based on their clinical presentation

These patients should be sent to an inpatient care facility for stabilization of their blood glucose level.

1. Patients meeting above mentioned criteria in #1 are to be given 0.15 U/kg of rapid-acting insulin, injected subcutaneously into the abdomen (where the absorption is the fastest).
2. Hydrate patient either orally with H2O or intravenously with 1,000ml with normal saline.
3. Repeat finger stick blood glucose testing hourly.
4. Stat labs: finger stick (as noted in #3) and urine dip (initially and repeat after hydration if ketones are present). You may wish to draw other labs to send out depending on patient and situation.

Patient should be kept in the office until blood glucose level is brought down to a safe level (<400 mg/dL). Patient should be monitored closely by both provider and nursing staff to ensure that they are not experiencing any symptoms which would warrant transport to an inpatient.
care facility. If at any time during the visit patient becomes unstable or the provider feels that patient needs to be transported, EMS should be called.

Once blood glucose level has been stabilized, the provider may discharge the patient. Follow up should be scheduled no later than 72 hours later. Patient should be given detailed instructions on medication use, diet, blood glucose testing, and signs/symptoms of hypo/hyperglycemia and alert values to call the office with for further instruction and or follow up.

SIGNATURES:

_______________________________________________ ___ / ___ /______
Chief Medical Officer      Date

_______________________________________________ ___ / ___ /______
Clinical Director       Date