

# RETU Diabetic Hyperglycemia Pathway

## Required prior to RETU admission

- EKG
- CBC, Chem 7, GEM, POC glucose
- UA
- CXR
- Pregnancy Test (in females of child bearing age)

## ED Evaluation

## Not appropriate for RETU

- Hemodynamic instability (i.e., hypoxia, bradycardia, tachycardia, tachypnea)
- AMS
- Suspect DKA (pH <7.3, AG >15, CO2 <18, +urine ketones)
- Suspect HHS (BG > 600 with neurological symptoms)
- Precipitating cause unknown or difficult to treat
- Social problems precluding inadequate outpatient management
- Expected observation time < 6 hrs

## RETU Intake Evaluation

(do not repeat testing if already done in ED)

### Exam Focus

- Neuro
- Infectious

### Initial Testing

- Labs: CBC, Chem 7, GEM, UA, HgbA1c\* (others as clinically indicated)
- Imaging: CXR

### Monitoring

- Serial POC glucose monitoring
- Hydration status

### Consults

- Endocrine
- Social work

## RETU Treatment / Evaluation

Check POC glucose q2h

\* Order HgbA1c for: all new onset diabetics or no HgbA1c < 3 months

Order Lispro sliding scale  
Use Diabetic Agent orderset

Clinical improvement with  
POC glucose in appropriate  
range (80–300mg/dL)?

N

Consider Admission  
Endocrine Consult

IV hydration with NS @  
150–250cc/hr or bolus as needed  
(Monitor fluid status)

Y

### Discharge

- Insulin teaching by RETU nurse (as indicated)
- Medication Reconciliation
- Establish follow up care
- Consider social work for VNS to teach at home

Treat/search for precipitating  
causes (i.e. infection)

Replete electrolytes

### Indications for Endocrine Consult

- All type 1 diabetics
- Pregnant patients

## Disposition Guidelines

### Discharge from RETU

- Stable vital signs and blood glucose <300
- Resolution of symptoms
- Successful identification and/or treatment of precipitating cause
- Tolerating PO
- Appropriate home care and follow up plan

### Admission to Hospital

- Deterioration of condition
- Unstable vital signs
- Signs of DKA with widening AG/acidosis
- Inability to tolerate PO
- Unsafe home environment and inability to carry out diabetes management plan