

ELECTROLYTE ABNORMALITY / NEW DIABETES CDU PROTOCOL

INCLUSION CRITERIA

- Acceptable vital signs
- Cause of electrolyte disturbance does not require hospitalization
- No co-morbidity requiring more prolonged hospitalization
- Mild and rapidly correctable electrolyte abnormality
 - **Hypokalemia > 2.5 mEq/L**, with no ventricular ectopy on ED monitoring for > 1 hour and no EKG changes
 - **Hypercalcemia < 7.9 mEq/L** (ionized) rapid correctible etiology
 - **Hypocalcemia > 1.0 mEq/L** (ionized), e.g. renal failure
 - **Hypomagnesemia > 1.0 mEq/L** associated with other electrolyte abnormalities
 - **Hypoglycemia**, glucose < 50 mg/dl despite two bolus 50% glucose
 - **Hyperglycemia**, BS > 400 mg/dl with **one** of the following:
 - disorientation / increasing lethargy
 - New onset type 1 diabetes
 - Postural systolic BP drop > 30

EXCLUSION CRITERIA

- Unstable VS or cardiovascular compromise
- Cardiac dysrhythmia
- Intentional over dosage of hypoglycemic medication
- Intake of large amounts of long acting oral hypoglycemic
- Severe dehydration or severe electrolyte abnormalities (K > 6.0, K < 2.5, iCa > 7.0, iCa < 1.0, Mg < 1.0)
- Ketoacidosis
- Pancreatitis
- Dialysis patient
- Hyperosmotic non-ketotic coma
- Glucose > 600
- Mental status changes, seizure, lethargy, neuro deficit, or other sign of cerebral edema
- Associated cause not amenable to short term treatment: bowel obstruction, appendicitis, bowel ischemia, DTs, sepsis, some drug effects, etc.
- Unlikely to be corrected within 15 hours
- **More than two** acute electrolyte disturbances

CDU INTERVENTIONS AS INDICATED

- Cardiac monitoring
- Serial exams and vital signs
- IV therapy (normal saline for most) targeting the specific disorder
- Electrolyte replacement / correction by respective protocols

- Repeat labs
- Administration of glucose
- Administration of potassium
- Diabetic counseling
- Insulin administration
- Serial vital signs and repeat clinical examination

CDU DISPOSITION

Home

- Acceptable vital signs
- Complete resolution of symptoms
- able to tolerate oral fluids
- Capable adult supervision
- Blood sugars over 80 mg / dl
- Precipitating factor(s) addressed
- Improved electrolytes
 - K > 3.5

Admit

- Unstable vital signs
- Associated cause found requiring hospitalization
- Deterioration of clinical status
- Persistent hyperglycemia with widening anion gap
- Inability to tolerate oral fluids
- Cardiac dysrhythmia