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
  o 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