

Step Down Unit DKA Process

Patients with DKA meeting the below criteria:

To Step Down:

1. Pts with K 3.4 to 8 without life threatening EKG changes on telemetry.
2. Pts on non-rebreather or nasal cannula
3. pH \geq 7.2 (ABG required on admission)
4. Patient does NOT titratable hemodynamic infusions

The admission process is as follows:

1. ED calls ICU for admission
 - a. ICU fellow reviews labs and determines eligibility for Step Down Unit
 - b. ICU fellow notifies ICU Charge Nurse works with 3 South Charge Nurse to identify Step Down Unit Bed
 - c. If bed available ICU fellow calls medicine admitting resident for admission to 3 south Step Down unit. If no Step Down Unit Bed available patient will need to be admitted to the ICU.
2. ICU Downgrades in DKA to Step Down Unit
 - a. If patient meets above criteria and there is a Step Down Unit bed available then the downgrade will occur.

On going care

The nursing staff will operate off the full Insulin Drip Advisor Protocol for pre ordered labs, IV fluids, electrolyte repletion and diet.

Labs will be drawn Q4H. Labs to be drawn Q4H at a minimum BMP and VBG. Glucose fingerstick will be performed Q1H. All labs will be drawn by RN (with the exception of ABG), Please ensure labs ordered as RN collect.

Nursing staff will notify provider(s) of changes in care (eg. IVF change, electrolyte repletion, change) via Tigerconnect. All changes guided by the protocol will be followed unless otherwise ordered by primary provider(s).

When anion gap has closed (defined as \leq 12) the nurse will notify the provider(s) via Tigerconnect to request guidance for basal insulin, diet and additional labs (ABG/VBG/BMP are not ordered in the protocol).

Primary provider(s) and primary RN will determine clinical stability to transition to care to general Med/Surg floor. At which time 3 South Charge RN will work with PLC to coordinate patient movement. ALL admission to and downgrade from the progressive care unit will occur during daytime hours 8am-5pm daily. Future state will ideally involve a care status change in the AOT order as well as expansion of the admission/transfer time pending further nocturnist staffing.

On transfer the primary MD will be responsible for completing a Transfer Order Reconciliation to remove ALL DKA orders upon transfer and update any other ongoing care orders.