

## Hypertriglyceridemia Insulin Infusion [5386]

Triglycerides > 500 mg/dL AND diagnosis of acute pancreatitis

OR

Triglycerides > 1000 mg/dL

Not for use in Diabetic Ketoacidosis (DKA) for Hyperglycemic Hyperosmolar Syndrome (HHS). Please use DKA Two Bag System Order Set for DKA management.

## Nursing

### Finger Stick Blood Glucose Monitoring (FSBG) (Single Response)

<input checked="" type="checkbox"/> Bedside glucose monitoring	Routine, Every 30 min For 999 Occurrences Check every 30 minutes, until 3 consecutive checks within requested range, followed by hourly, until 3 consecutive checks are within requested range, then check every 2 hours.
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### Notify

<input checked="" type="checkbox"/> Notify Provider	Routine, Until discontinued, Starting S, -And HOLD initiation of insulin doses if Potassium is LESS than 3.3 mEq/L  -If glucose LESS than 100 mg/dL for two consecutive readings  -If glucose LESS than 70 mg/dL  -If Potassium GREATER than 5.2 mEq/L
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### Diet

<input checked="" type="checkbox"/> NPO-Except meds	Diet effective now, Starting S NPO: Except meds Pre-Operative fasting options:
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## Hypertriglyceridemia Potassium Replacement Protocol

### Hypertriglyceridemia Potassium Replacement Protocol

<input checked="" type="checkbox"/> Hypertriglyceridemia Potassium Replacement Protocol - RN will enter orders "Per Protocol"	Routine, Until discontinued, Starting S
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## Medications

### Insulin Infusion (Single Response) (Selection Required)

<input type="checkbox"/> Non-ESRD	0.1 Units/kg/hr, intravenous, continuous Fixed rate insulin infusion - Do not titrate
<input type="checkbox"/> ESRD	0.05 Units/kg/hr, intravenous, continuous Fixed rate insulin infusion - Do not titrate

### Initial Electrolytes Replacement - For Patients with Potassium level LESS than 4 mEq/L (Selection Required)

<input type="checkbox"/> Potassium Replacement (Single Response)	
<input type="checkbox"/> Potassium LESS than or EQUAL to 3.3 (Single Response)	
<input type="checkbox"/> Oral replacement - Potassium <b>"Or" Linked Panel</b>	
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 60 mEq	10 mEq, intravenous, every 1 hour, For 6 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.

<input type="checkbox"/> Central IV - potassium 60 mEq	20 mEq, intravenous, every 1 hour, For 3 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Potassium 3.4 - 4.0 (Single Response)	
<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	40 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	40 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 40 mEq	10 mEq, intravenous, every 1 hour, For 4 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 40 mEq	20 mEq, intravenous, every 1 hour, For 2 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Potassium 4.1 - 5.2 (Single Response)	
<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 20 mEq	10 mEq, intravenous, every 1 hour, For 2 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 20 mEq	20 mEq, intravenous, every 1 hour, For 1 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> End Stage Renal Disease (ESRD) Potassium Replacement (Single Response)	
<input type="checkbox"/> Potassium LESS than or EQUAL to 3.3 (Single Response)	
<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 60 mEq	10 mEq, intravenous, every 1 hour, For 6 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 60 mEq	20 mEq, intravenous, every 1 hour, For 3 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Potassium 3.4 - 4.0 (Single Response)	
<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 20 mEq	10 mEq, intravenous, every 1 hour, For 2 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 20 mEq	20 mEq, intravenous, once, For 1 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> IV Replacement - Phosphorus level LESS than 2.5 mg/dL	20 mmol, intravenous, Administer over: 3 Hours, once, For 1 Doses

#### IV Fluids

<input type="checkbox"/> Maintenance IV Fluids (Single Response)	
<input type="checkbox"/> lactated Ringer's infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.9 % infusion	intravenous, continuous
<input type="checkbox"/> sodium chloride 0.45 % infusion	intravenous, continuous
<input checked="" type="checkbox"/> Initial dextrose fluids: Dextrose 20% requires central line for administration (Single Response)	

dextrose 10 %-0.45 % sodium chloride 0-500 mL/hr, intravenous, continuous

- If initial glucose > 300 mg/dL, no dextrose infusion required. Recheck in 30 minutes and initiate dextrose based on glucose value.
- If initial glucose 200-299 mg/dL, start infusion at 50 mL/hr.
- If initial glucose 100-199 mg/dL, start infusion at 100 mL/hr.
- If initial glucose LESS THAN 100 mg/dL, do not initiate insulin drip and administer dextrose 50% IV 25 gm. Recheck glucose 15 minutes after administration and initiate dextrose infusion at rate noted above based on second glucose check.
- Increase rate by 20 mL/hr if glucose BELOW 140 mg/dL.
- Decrease rate by 20 mL/hr if glucose ABOVE 180 mg/dL.
- Maximum rate of infusion 500 mL/hr. Notify provider if glucose remains BELOW 140 mg/dL on 500 mL/hr.

dextrose 20%-0.45% sodium chloride (equivalent to 0.5 g/kg/hr for 100 kg patient) 0-250 mL/hr, intravenous, continuous

- If initial glucose > 300 mg/dL, no dextrose infusion required. Recheck in 30 minutes and initiate dextrose based on glucose value.
- If initial glucose 200-299 mg/dL, start infusion at 25 mL/hr.
- If initial glucose 100-199 mg/dL, start infusion at 50 mL/hr.
- If initial glucose LESS THAN 100 mg/dL, do not initiate insulin drip and administer dextrose 50% IV 25 gm. Recheck glucose 15 minutes after administration and initiate dextrose infusion at rate noted above based on second glucose check.
- Increase rate by 10 mL/hr if glucose BELOW 140 mg/dL.
- Decrease rate by 10 mL/hr if glucose ABOVE 180 mg/dL.
- Maximum rate of infusion 250 mL/hr. Notify provider if glucose remains BELOW 140 mg/dL on 250 mL/hr.

Dextrose 50% IV  
 dextrose 50% IV 25 g, intravenous, PRN, low blood sugar, once glucose LESS THAN 100 mg/dL on initial glucose check  
 Recheck glucose 15 minutes after administration. Initiate dextrose fluid per orders based on second glucose check.

**Initial Electrolytes Replacement**

Potassium Replacement (Single Response)

Potassium LESS than or EQUAL to 3.3 (Single Response)

<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 60 mEq	10 mEq, intravenous, every 1 hour, For 6 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 60 mEq	20 mEq, intravenous, every 1 hour, For 3 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.

Potassium 3.4 - 4.0 (Single Response)

<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	40 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	40 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 40 mEq	10 mEq, intravenous, every 1 hour, For 4 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 40 mEq	20 mEq, intravenous, every 1 hour, For 2 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.

Potassium 4.1 - 5.2 (Single Response)

<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 20 mEq	10 mEq, intravenous, every 1 hour, For 2 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.

<input type="checkbox"/> Central IV - potassium 20 mEq	20 mEq, intravenous, every 1 hour, For 1 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> End Stage Renal Disease (ESRD) Potassium Replacement (Single Response)	
<input type="checkbox"/> Potassium LESS than or EQUAL to 3.3 (Single Response)	
<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	60 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 60 mEq	10 mEq, intravenous, every 1 hour, For 6 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 60 mEq	20 mEq, intravenous, every 1 hour, For 3 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Potassium 3.4 - 4.0 (Single Response)	
<input type="checkbox"/> Oral replacement - Potassium	<b>"Or" Linked Panel</b>
<input type="checkbox"/> potassium chloride (K-DUR) CR tablet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> potassium chloride (KLOR-CON) packet	20 mEq, oral, once, For 1 Doses
<input type="checkbox"/> Peripheral IV - potassium 20 mEq	10 mEq, intravenous, every 1 hour, For 2 Doses Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> Central IV - potassium 20 mEq	20 mEq, intravenous, once, For 1 Doses For Central Line Only; Recheck level 1 hour after the end of IV administration and reapply orders if needed.
<input type="checkbox"/> IV Replacement - Phosphorus level LESS than 2.5 mg/dL	20 mmol, intravenous, Administer over: 3 Hours, once, For 1 Doses

### Adult Hypoglycemia Standing Orders

<input checked="" type="checkbox"/> Adult Hypoglycemia Standing Orders (Selection Required)	
<input type="checkbox"/> Finger Stick Blood Glucose (FSBG) Monitoring (MUST choose one) (Single Response) (Selection Required)	
<input type="checkbox"/> Bedside glucose - for patients on diets	Routine, 4 times daily 0-30 minutes before meals and at bedtime 0-30 mins before meals and at bedtime (if on diet). Give correction insulin BEFORE MEALS ONLY, if needed.
<input type="checkbox"/> Bedside glucose - for patients on continuous enteral feeds, TPN or NPO	Routine, Every 4 hours Give correction insulin EVERY 4 HOURS, if needed.
<input type="checkbox"/> HYPOglycemia management - Monitor patient for signs and symptoms of HYPOglycemia and follow standing orders	Routine, Per unit protocol CLICK REFERENCE LINK TO OPEN ALGORITHM:
<input type="checkbox"/> dextrose 50% intravenous syringe	12.5 g, intravenous, every 20 min PRN, low blood sugar, If blood glucose is between 41-69 mg/dL For blood glucose between 41-69 mg/dL, give ½ cup juice if patient is able or dextrose 50% intravenous solution 12.5 g (25mL) IV push ONCE. Contact the provider and recheck blood glucose in 20 minutes until glucose is greater than 100 mg/dL. DO NOT give further insulin until ordered by a provider
<input type="checkbox"/> dextrose 50% intravenous syringe	25 g, intravenous, every 20 min PRN, low blood sugar, if blood glucose is less than or equal 40 mg/dL Recheck bedside glucose every 20 min until glucose greater than 100 mg/dL.
<input checked="" type="checkbox"/> glucagon injection	1 mg, intramuscular, every 15 min PRN, low blood sugar, if patient NPO, unable to swallow safely with no IV access. If glucose remains LESS than 70 mg/dL, after 2 doses of D50 or Glucagon, send serum glucose level STAT. Initiate treatment immediately after lab drawn. Do NOT delay treatment waiting for lab result. Recheck blood sugar every 20 min until greater than 100 mg/dL. Notify Provider.

<input type="checkbox"/> dextrose 10 % infusion	40 mL/hr, intravenous, continuous PRN, other, For bedside glucose LESS than 70 mg/dL Notify Provider, consider transfer to ICU. Check Glucose every hour while on D10 infusion. Titrate infusion by 10 mL per hour to keep glucose between 100 and 140 mg/dL. Notify provider when ANY/ALL of the following occur: -Dextrose 10% infusion is started -If glucose is less than 70 mg/dL while on dextrose 10% infusion -When dextrose 10% infusion rate is increased to greater than 100 mL/hr
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## Labs

### Labs

<input checked="" type="checkbox"/> Triglycerides	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Triglycerides	Every 12 hours For 3 Occurrences
<input checked="" type="checkbox"/> Basic metabolic panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Basic metabolic panel	Every 8 hours, Starting H+6 Hours For 6 Occurrences Every 12 hours x 6
<input checked="" type="checkbox"/> Magnesium	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Magnesium level	AM draw repeats For 6 Occurrences Every 12 hours x 6
<input checked="" type="checkbox"/> Phosphorus	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Phosphorus level	AM draw repeats For 6 Occurrences Every 12 hours x 6
<input checked="" type="checkbox"/> Amylase	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Hepatic function panel	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Hepatic function panel	AM draw repeats For 3 Occurrences
<input checked="" type="checkbox"/> Lipase	STAT For 1 Occurrences
<input checked="" type="checkbox"/> Lipase level	AM draw repeats For 3 Occurrences

## Consults

### Consults

<input checked="" type="checkbox"/> Consult to Pharmacy	Routine, Until discontinued, Starting S Specify reason: Notification of Hypertriglyceridemia Insulin Infusion
<input checked="" type="checkbox"/> Consult Diabetes/Endocrinology	Reason for Consult? Patient/Clinical information communicated? Patient/clinical information communicated? Hypertriglyceridemia Insulin Infusion Protocol
<input checked="" type="checkbox"/> Consult to Nutrition Services	Reason For Consult? Purpose/Topic: Patient on Hypertriglyceridemia Insulin Infusion Protocol