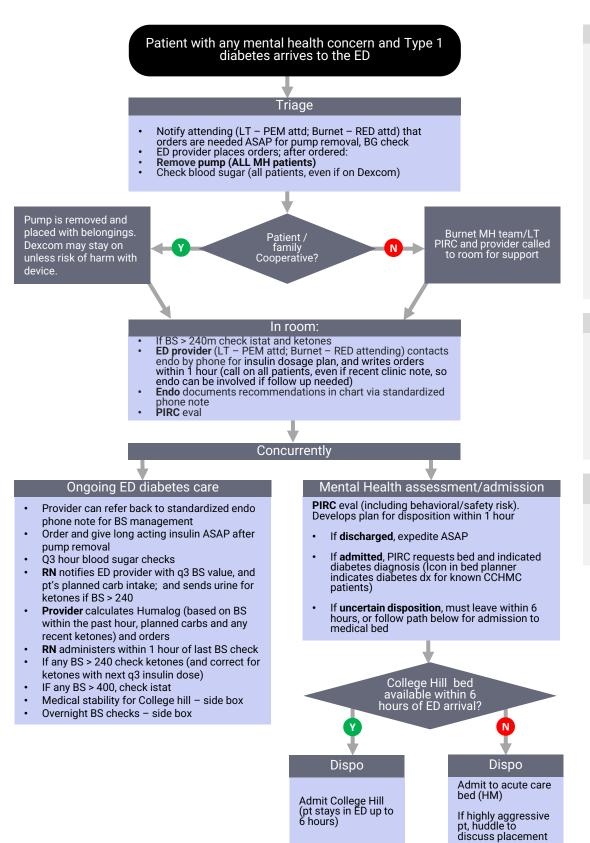
## ED Mental Health Patient with Type 1 Diabetes



## If at any point pH < 7.25, admit to endo via usual DKA pathway

Medical Readiness for P3W

No DKA

- If on a pump at home pump is removed and subcutaneous insulin plan developed with endocrine
- If blood sugar is > 240, evaluate for DKA and if no DKA, plan is made with endocrine for ongoing management, <u>but should not delay</u> admission to College Hill.
- <u>Unless in DKA (admit to endo) pt</u> <u>should not be held longer in the ED</u> <u>for BS rechecks before transfer to</u> <u>College Hill (unless BS currently due</u> <u>or pt symptomatic)</u>

## Overnight BS checks\*

- May skip X 1 IF: no concern for hyperglycemia, last BS < 240, no recent ketones, not eating, pt already asleep and discussed skipping with ndo
- Generally, only correct middle of the night BS if > 240 or concern for developing hyperglycemia

## Uncertain disposition and non-CCHMC admits (Beckett Springs etc.)

 Physical discharge/transfer occurs within 6 hours of arrival to CCHMC ED; if this is not possible, admit to acute care bed

