New IV Insulin Power Plans Incorporating EndoTool IV Sharp Healthcare

Diabetes Service Line 4/14/2021



EndoTool IV will replace the current paper based insulin infusion orders and is incorporated into new Power Plans (PP)

- EndoTool IV is a clinical decision support system designed to provide insulin dosing recommendations to control of hyperglycemia
- EndoTool is only available by initiating the appropriate Power Plan (PP)
- EndoTool IV calculates a patient specific dosing model using:
 - Diabetes Dx (Type 2, Type 1, Gestational, or Unknown)
 - Age
 - Weight
 - Steroids (Yes/No)
 - Renal Function
 - HbA1c (%)
 - Patient's serial response to insulin
- EndoTool IV will be operated by the RN



Where are PPs with EndoTool IV available?

Search with "Starts with" : "Insulin" OR Search with "Contains" : "Insulin or EndoTool"

- SMH- SICU, MICU, ED
 - Insulin Infusion ED ICU Continuous
 - Diabetes Crisis ED ICU PPs
- SMBHWN- PACU, LDR, PSCU
 - Insulin Infusion Continuous
- SGH: SICU, MICU, PCU*, ED, Women's Health
 - Insulin Infusion Continuous ED ICU and ED PCU versions
 - Diabetes Crisis PPs ED ICU and ED PCU versions
- SCVMC: ICU, PCU, ED, Women's Health
 - Insulin Infusion ED ICU Continuous ICU, PCU, WHS versions
 - Diabetes Crisis ED ICU PPs ICU and PCU versions
- SCOR: ICU, ED
 - Insulin Infusion ED ICU Continuous
 - Diabetes Crisis ED ICU PPs



Go Live:

May 4, 2021

*SGH PCUs = 1S/2S, 4E and 3E



New Hyperglycemia Continuous Insulin Infusion Power Plan ED and ICU EndoTool

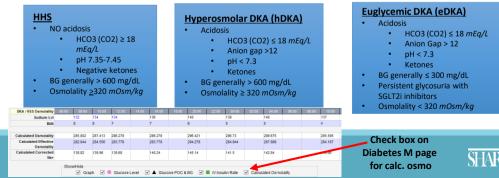
(not for Diabetes Crises - e.g., DKA)

- This is the Power Plan to use for patients with hyperglycemia without DKA/HHS
- Indications are the same as with the current continuous insulin infusion (CII) Power Plan
- This new Power Plan will be added to plans currently containing the CII option
- Type 2 diabetes is the default and this can be used for all patients or can be changed
- All that is required with this plan is "initiate" and "sign"
- For patients with known diabetes type 1, the default should be changed to type 1
- Limited options are provided, e.g., nutrition



Why are there 4 New Power Plans for ED ICU Diabetes Crisis?

- Evidence shows that customized treatment of the different types of diabetes crisis optimizes outcomes and prevents complications.
- In the past, we have had only ONE Power Plan:
 Insulin Diabetic Crisis DKA HHS
- A single Power Plan could not be structured to address the various types of diabetes crises with a simple initiation process
- The four types of diabetes crises are outlined in the boxes
- An osmolality calculator is now available on the Diabetes MPage





Standard DKA (sDKA)

- Acidosis
 - HCO3 (CO2) ≤18 mEq/mL
 - Anion Gap > 12
 - pH < 7.3
 - Ketones
- Blood Glucose (BG) generally > 400 mg/dL
- Osmolality < 320 mOsm/kg

Orders Common to All the ED ICU Diabetes Crisis Power Plans

Pre checked orders	*Provider <u>must</u> select	Optional orders
Nutrition - NPO	Type of Diabetes Two Bag Method with or	Fluid bolus (often done in ED)
Laboratory monitoring & general monitoring guidelines	 Two Bag Method with or without KCL Total IV fluid rate 	Insulin bolus (often done in ED)
Provider notification	IV insulin rate start up	Additional labs and diagnostic studies
Electrolyte with phosphorous replacement		

*Many orders are pre checked; see next slide for details.

EndoTool is only available by initiating a Power Plan

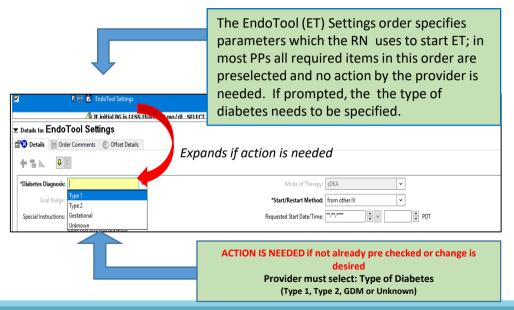


Keys to Initiate the New ED ICU Diabetes Crisis Power Plans

PP Order to Review	sDKA	HHS	hDKA	eDKA
<u>Type of Diabetes</u> In the EndoTool Setting Order in the Power Plan	ACTION NEEDED NO ACTION NEEDED Select Type of Diabetes Type 1, Type 2, Gestational, Unknown Type 1			
<u>IV fluid</u> Two Bag Method Provides a controlled rate of dextrose administration	ACTION NEEDED 1. Select fluids either WITH or WITHOUT KCL 2. Then select the two bags at the desired total IV rate 150 mL/hour, 200 ml/hour, or 250 ml/hour The Orders for Bag A (without dextrose) and Bag B (with dextrose) are linked so that "checking" (selecting) Bag A at the desired rate, will activate the order for Bag B			
Insulin Drip start rate	ACTION NEEDED Select Insulin drij start rate	Insulin dr	NO ACTION NE ip rate is pre chect fool IV will start when the	ked at a fixed rate



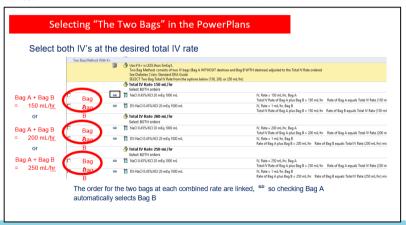
A <u>NEW</u> Order in Each Power Plan: "EndoTool Settings"





Implementing the Two Bag Method in the ED ICU Diabetes Crisis Power Plans

- Option available: two linked bags either WITH or WITHOUT KCL
- The provider must select the Total IV rate, options are: 150 mL/hour, 200 mL/hour, or 250 mL/hour
- For the Two Bag Method, the total IV rate includes the combined rate of Bag A (dextrose free bag) and Bag B (dextrose containing bag)
- (excludes piggybacks and concentrated dextrose such as D10W and D20W)





How to Order Insulin in the ED ICU DM Crisis PPs

Start up Insulin Rate Depends on Initial BG BG ≥ 500 or < 500 mg/dL



Exception:

- For Euglycemic DKA, EndoTool is started upon initiation of the power plan, regardless of initial BG
- Do Not Use from Other SC as a start Method

After EndoTool is started, insulin rate will be adjusted based on EndoTool recommendations



SGH PCU Plans

Mild DKA PCU EndoTool ED ICU Insulin Infusion Continuous ED PCU EndoTool



EndoTool

- Providers will furnish:
 - Diabetes diagnosis
 - Mode of therapy
 - Goal Range (pre-determined)
 - Maintenance IVF and rate
 - Steroid use and/or administration
 - Transition orders
 - EndoTool will give a basal insulin recommendation once patient reaches stability
 - Nursing will provide input
 - POC BG results
 - Insulin adjustments



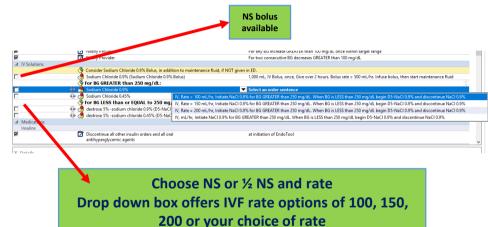
Insulin Infusion Mild DKA ED PCU EndoTool

Insulin Mild DKA PCU EndoToo	101 10 10	
	x (rianned rending)	
⊿ Patient Status	THIS POWERPLAN IS NOT INTENDED FOR HHS. No HHS Admissions to P	
	(c) this Providence of a DWW anticality role mask and with a DWW anticality of the Link of the following set the MUSTs then for DWW the Antisecton FOCI: 1. Antical and Heart DWW and Set The Theorem 2000, the 72 2. Serum Riccole: Robite 4. We CRASTER than or EQUAL to 55 5. Serum 14: GRASTER than or EQUAL to 30 mEq. 6. Media Status, Rel t	No changes to Mild DKA Criteria
⊿ Nutrition		
P		Exceptions: PO meds with sips of water or ice chips
Π	🕜 Clear Liquid Glycemic Control Diet	
Endotool Meal/Carbohydra	te Instructions	
R	🕱 Insulin Instructions	Select: "Simple Carbs' at INITIATION of meal in EndoTool when patient receives 'Clear Liquid Glycemic Control Diet'
R	🕅 Insulin Instructions	Select 'Meal Eaten' at INITATION of meal in EndoTool when patient receives' Glycernic Control Diet' OR any other diet
R	7 Insulin Instructions	Select: Simple Carbs' at INITIATION of IVPB for medications mixed in destrose
⊿ Pabient Care	-	
M	🕅 Blood Glucose Monitoring POC	BG monitoring at a minimum of Q1H or as directed by EndoTool and PRN
M	🕅 Notify Provider	# BG is LESS than 70 mg/dL x2 after treatment of hypoglycemia and/or insulin dose adjustment.
M	🕅 Notify Provider	For the following conditions: 1.4WTINE End/Tool recommends to contact Provider 2. If RN requires clarification regarding EndoTool dosing and requires "OVERRDE" order 3. Once EndoTool indicates the patient is ready for subcutaneous insuli.
R	🕅 Natify Provider	If the insulin infusion rate is GREATER than or EQUAL to 10 units/hr xi4H and is not generating a 50 mg/dL per hour decrease in BG
R	🕅 Notify Provider	For any 8G increase GREATER than 100 mg/dL once within target range
R	🕅 Notify Provider	For two consecutive BG decreases GREATER than 100 mg/dL

At SGH PCU Units taking Insulin Infusions are: 1S/2S, 4E and 3E



Insulin Infusion Mild DKA ED PCU EndoTool



IVFs are linked so D5NS or D5 ½ NS will be initiated once BG < 250 mg/dL



Insulin Infusion Mild DKA ED PCU EndoTool

M how d	nnulier regular 100 unit (1.5 unit/hr) + Sodium Chloride 19% 100 ml. Golum Chloride 0.9% 1,000 ml. Inde/Tool Settings noulin Instructions Destroes 90% in Water (Destroes 50% in Water dose acceleration)	Initial rate, max do Ordered IV, Rate = 10 mU/b Ordered Diabetes Type 2, h Ordered 03/12/21 12/25/00 1, 'YES' if anion go	r, as needed as carrier of insulin infusion fode of therapy: sDKA, Goal Range: 140-180 mg/dL, start/restar PST, Constant order, Once EndoTool has suggested a basal insi	ulin dose and patient is ready to transition to subcutaneous insulin, SELECT: UAL to 18. Discontinue 'Insulin Mild DKA PCU EndoTool' PowerPlan and initiate 'Insulin Sub	ocutaneous SIOS' PowerP
2 0 0eta ÷ 2 1 "Diabe	EndoTool Settings Great Versite Gre	idade al Tree Special Instructio		Son Surge (State Margad, State	
	 Start M Mode o Initial B 	ethod: Endo f Therapy is G Target Rar	nge is 150-200m	e	



Insulin Infusion Mild DKA PCU EndoTool

Potassium Replacement & Labs Pre-checked

Electrolyte ma	Eecto/se management						
	\checkmark	<u>,9</u> 6,	🔮 potassium chloride	Ordered	10 mEq. (IVPR, Q1H, PRN potassium replacement, based on BMP lab values. Adjust X+ replacement with each new BMP result. See order comment for dosing: K+ 4-44 mEq. (Sive 10 mEq.Q1H x1 dose (10 mEq.total) K+ 35-33 mEq.). Give 10 mEq.Q1H x2 doses (20 mEq.total) K+ 23-24 mEq.). Give 10 m		
Oral potassium	m replaceme	rt i					
	×	66	Medication Instructions	Ordered	03/12/21 13:25:00 PST, Constant order, Dral K+ replacement may be used if patient is awake, alert and able to swallow tablets and tolerate PO. May use combination		
	\checkmark) 36 0	😸 potassium chloride	Ordered	20 mEq. PO, Q1H, PRN potassium replacement, See order comment for dosing, supplied as CR tab		
					K+ LESS than 3 mEq/L use IV K+ replacement option K+ 3-3.5 mEq/L Give 20 mEq QIH x2 doses (40 mEq total) K+ 3.6-4 mEq/L Give 20 mEq x1 dose		
	\checkmark) 36 0	😸 potassium chloride	Ordered	10 mEq, PO, Q1H, PRN potassium replacement, K+ 4.1-4.4 mEq/L Give 10 mEq x1 dose, supplied as CR tab		
⊿ Laboratory							
	\checkmark	ốơ'	Hemoglabin A1c	Ordered (Dispatched)	Stat.collect, IB/12/21 13:25:00 PST, Blood, once, Stop date IB/12/21 13:35:00 PST		
Ongoing Mor	Craoing Monitoring						
	🖌 +3 m	in 66' 🛛	Basic Metabolic Panel	Ordered	Routine collect, 03/12/21 13:28:00 PST, Blood, Q4H for 4 time(s), Stop date 03/13/21 2:00:00 PST		
	🗹 +3 m		🕅 Magnesium Level	Ordered	Routine collect, 03/12/21 13:28:00 PST, Blood, QBH for 2 time(s), Stop date 03/12/21 22:00:00 PST		
	🗹 +3 m	in 66°	Phosphorus Level	Ordered	Routine collect, 03/12/21 13:28:00 PST, Blood, QBH for 2 time(s), Stop date 03/12/21 22:00:00 PST		
⊿ Consults/Refe	4 Consults/Refemis						
	~	66	Consult to Diabetic Nurse Educator	Ordered	03/12/21 13:25:00 PST, For surveillance - Insulin Mild DKA PCU EndoTool		
	M	66	Consult to Diabetic Nurse Practitioner	Ordered	03/12/21 13:25:00 PST, For surveillance - Insulin Mild DKA PCU EndoTool		

Mild DKA ED PCU EndoTool Power Plan includes:

- A prompt to Nurse to change IVF to include Dextrose once BG < 250mg/dL
- Adjusts Target range to 140-180mg/dL once anion gap < 14 and CO2 > 18
- Once BG stable offers basal insulin dose recommendation for transition
 (requires provider order)



Insulin Infusion Continuous ED PCU EndoTool

for Hyperglycemia, not intended for Mild DKA

- Choose NPO or Diet
- Complete Detail: Diabetes Diagnosis
- Start Method will be EndoTool to Calculate
- BG Goal range pre-set at 140-180mg/dL

r Details for EndoTool Settings							
🚰 🛇 Details 🔢 Order Comments 📧 Offset Details							
+ 3 k. 0 v							
*Diabetes Diagnosis:	Mode of Therapy: Hyp	perglycemia 👻					
Goal Range: Type 1 Type 2	*Start/Restart Method: Ende	doTool to calculate 🔹					
Special Instructions: Unknown	*Requested Start Date/Time: 03/13	12/2021	PST				

EndoTool will offer Basal insulin dose for transition once BG is stable, *requires provider order*



For any questions, please contact your diabetes team:

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