

HYPEROSMOLAR HYPERGLYCEMIC NONKETOTIC SYNDROME

PATHOPHYSIOLOGY

Very high glucose levels (above 600) without the breakdown of fats (avoiding ketosis/acidosis), usually associated with type II diabetes. This happens because the body is producing and using enough insulin to use the carbs for energy rather than fats. It has a gradual onset and similar effects of someone with DKA.

ASSESSMENT FINDINGS

Obtain a POC glucose, assess for altered LOC, mucous membranes may be dry, BUN and creatinine will be increased and the patient will be dehydrated. Obtain electrolyte laboratory work as well as a blood gas, lactic acid level and anion gap

DIAGNOSTICS

- POC glucose
- Negative lactic acid
- A closed anion gap
- Negative ketones and blood pH within normal limits.

NURSING PRIORITIES

- Encourage self-care
- Assess and monitor mental status
- Prevent shock

THERAPEUTIC MANAGEMENT

- Determine the cause
- Replace fluids
- Insulin therapy
- Monitor neurological status
- Treat any electrolyte imbalances.

MEDICATION THERAPY

- Insulin and IV fluids. The patient may respond to just IV fluids and not need insulin.