

Stop! Is Your Patient at Risk for Euglycemic Diabetic Ketoacidosis?

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Abstract Background Information: (SGLT-2) are used for cardiorenal protection with diabetes and congestive heart failure. Due to a long renal half life, these medications are associated with EDKA in surgical patients. EDKA can present within 24 hours to 2 weeks following a precipitating event, such as surgical stress, fasting, bowel prep, dehydration, illness, and decreased carbohydrate intake. Surgical patients at risk for EDKA from taking these medications can have delayed complications not limited to persistent hypoglycemia, hypovolemic shock, respiratory distress and seizures. Surgical complications and cancellations were identified and prompted a change in practice in identifying and intervening with at risk patients.

Objectives of Project: At risk patients were identified by PST nurses and were instructed to hold these medications 72 hours prior to surgery. If not held adjustments were made to their treatment plan either canceling surgery or implementing additional monitoring and testing on the day of the scheduled procedure.

Process of Implementation: Standardized process implemented of holding SGLT-2 inhibitors prior to surgery, pre surgical instructions were updated and given to patients 14 days prior to surgery. Pharmacy collaborated with staff to update home medication lists to reflect the dose taken of the SGLT-2s. Staff education was provided to all involved medical, surgical and nursing staff of the above.

Statement of Successful Practice: Monitoring and data collection began to track cancelled surgeries related to not holding these medications. Since implementation May 2024. 7 cases have been identified.

Implications for Advancing the Practice of Perianesthesia Nursing: Strong collaboration exists between surgical nurses and anesthesia providers as evidenced by a rapid implementation of this project. Policy changes were necessary for the organization to incorporate the changes made to practice including recommendations for SGLT-2 inhibitors and pre anesthesia evaluation guidelines for the organization.