HHS Management Checklist

Hyperosmolar hyperglycaemic state priorities

Emergency & Resuscitation | **PHYSICIAN REFERENCE**

Priorities

- Careful fluid replacement is central; assess osmolality, sodium, potassium, renal function and precipitant.

Insulin

- Insulin is usually started more cautiously than in DKA and after initial fluids, depending on overlap/ketosis and local protocol.

Safety

- Avoid overly rapid osmotic shifts; monitor sodium/osmolality, glucose, potassium, urine output and neurologic status.

Clinical safety note

Use this as a memory aid, not a prescription. Verify current guidelines, local protocols, contraindications, renal/hepatic dosing, pregnancy status, interactions and patient-specific factors before treatment.