Status/Admit/Transfer/Discharge

- Refer to BCCH Diabetic Ketoacidosis Protocol for Children up to Age 19 years on ePOPS
- Refer to BCCH Diabetic Ketoacidosis Nursing Protocol on ePOPS
- Refer to BCCH Diabetic Ketoacidosis Recipes for Making Solutions on ePOPS

Patient Care

On admission:
- Measure weight STAT
- Strictly monitor intake and output
- Insert large-bore intravenous cannula STAT
- Blood glucose, point-of-care measurement STAT, then q________ h (suggest 30 to 60 minutes)
- Ketones, urine dipstick STAT

If patient develops severe headache or alteration in vital signs or Glasgow Coma Scale (GCS):
- Notify physician STAT
- Raise head of bed 30°
- Decrease all IV fluid bags to 5 mL/h pending MD reassessment

Vital Signs

- Vital signs STAT on admission, then q1h
- Neurovital signs STAT on admission, then q1h
- Continuous cardiorespiratory monitoring

IV Infusions

Fluid Resuscitation Boluses (Initial 30 to 60 minutes)

- First: Sodium Chloride 0.9% _______ mL IV bolus over 30 minutes (10 mL/kg)
- Second: Sodium Chloride 0.9% _______ mL IV bolus over 30 minutes (10 mL/kg)

Fluid Repair

After initial 30 to 60 minutes
- Begin at __________ (time)
- Bag A: Sodium Chloride 0.9% with Potassium Chloride 40 mmol/L IV at _______ mL/h (rate determined from DKA protocol, line 5)

After initial 1 to 2 hours:
- Begin at __________ (time)
- Sum of Bag A rate plus Bag B rate determined from DKA protocol, line 8, to keep glucose at 8 to 12 mmol/L
- Insulin infusion rate determined from DKA protocol, line 7, where 1 mL/kg/h = 0.1 units/kg/hour
- Saturate insulin binding sites by priming and flushing with 50 mL of prepared insulin infusion to run through tubing and discard
- Continue Bag A at _______ mL/h
- Bag B: Dextrose 12.5% and Sodium Chloride 0.9% with Potassium Chloride 40 mmol/L IV at _______ mL/h
- Bag C: insulin regular (HumuLIN® R or Novolin® Toronto) 50 units in 500 mL of Sodium Chloride 0.9% IV at _______ mL/h

Medications

If patient develops severe headache or alteration in vital signs or GCS:
- Mannitol 20% _______ g IV STAT over 15 minutes (0.5 to 1 g/kg, 2.5 to 5 mL/kg)
- Sodium Chloride 3% _______ mL IV STAT over 15 minutes (2.5 to 5 mL/kg)

Signature: _______________________________________ Print Name: _____________________________________
College ID: ______________________________________ Pager: ________________________________________

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Endocrinology Diabetic Ketoacidosis (DKA)
Inpatient and Outpatient

DATE / / YYY

TIME

BSA: m

WEIGHT: kg

HEIGHT: cm

☐ ALLERGY CAUTION sheet reviewed

Nutrition

☐ NPO

Laboratory

Blood work

☐ Sodium ☑ STAT ☑ then, q ___ h

☐ Potassium ☑ STAT ☑ then, q ___ h

☐ Chloride ☑ STAT ☑ then, q ___ h

☐ Bicarbonate ☑ STAT ☑ then, q ___ h

☐ Anion Gap ☑ STAT ☑ then, q ___ h

☐ Blood Gas, venous ☑ STAT ☑ then, q ___ h

☐ Glucose ☑ STAT ☑ then, q ___ h

☐ Beta-hydroxybutyrate ☑ STAT ☑ then, q ___ h

☐ Urea ☑ STAT ☑ then, q ___ h

☐ Creatinine ☑ STAT ☑ then, q ___ h

☐ Magnesium ☑ STAT ☑ then, q ___ h

☐ Calcium, ionized ☑ STAT ☑ then, q ___ h

☐ Phosphorus ☑ STAT ☑ then, q ___ h

☐ CBC with differential ☑ STAT ☑ then, q ___ h

☐ Hemoglobin A1C

☐ Other labs: ____________________________________________________________

Signature: ________________________________________ Print Name: ____________________________________________

College ID: ____________________________ Pager: ____________________________

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