Endocrinology Diabetic Ketoacidosis (DKA)  
Inpatient and Outpatient  
(Page 1 of 2)

DATE _____/_____/_______  TIME ___________  BSA: _______ m²

WEIGHT: _______ kg  HEIGHT: _______ cm  ☐ ALLERGY CAUTION sheet reviewed

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

(Day 2 of 2)

DATE _____/_____/_______ TIME __________

DD MM YYYY

WEIGHT:_________ kg HEIGHT:_________ cm

BSA:_________ m²

☐ 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
☑ Calcium, ionized ☑ STAT ☑ then, q______ h
☑ Magnesium ☑ STAT ☑ then, q______ h
☑ Creatinine ☑ STAT ☑ then, q______ h
☑ Phosphorus ☑ STAT ☑ then, q______ h
☑ CBC with differential ☑ STAT ☑ then, q______ h
☑ Hemoglobin A1C

☐ Other labs: _______________________________________________________________________________________

Signature: ________________________________________ Print Name: _________________________________________

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