

ANOTHER GENERICALLY EQUIVALENT PRODUCT WITHIN THE APPROVED FORMULARY MAY BE ADMINISTERED FOR DRUGS ORDERED UNLESS CHECKED HERE

**DIABETIC KETOACIDOSIS ORDER SET**

- ◆ The main principles to treatment of ketoacidosis are continuous insulin and fluid replacement until evidence that ketosis has resolved. (serum CO<sub>2</sub> >16 mEq and anion gap < 16) (Average fluid deficit with DKA is 5 - 7 liters).
- ◆ Insulin infusion **MUST** continue along with sufficient glucose intake to prevent hypoglycemia. **DO NOT STOP INSULIN INFUSION** until ketoacidosis and dehydration resolve, patient is eating, and intermediate or long acting insulin is administered. (See Inpatient Hyperglycemia Management Orders) Hyperglycemia will usually resolve with rehydration before insulin corrects ketosis.
- ◆ Treat concurrent illness as indicated. Infection and heart disease are possible causes.
- ◆ Administration of sodium bicarbonate in DKA patients is usually not indicated unless pH ≤ 6.8 or CO<sub>2</sub> < 5 or patient has chronic renal failure.
- ◆ IV replacement is indicated for serum phosphorus <1.5 mg/dL & initial serum potassium <5.0. Potassium deficits will occur with treatment.

**LABS:**

- |  |                                       |   |                                   |  |
|--|---------------------------------------|---|-----------------------------------|--|
| BMP  | <input type="checkbox"/> now, and     | <input type="checkbox"/> in 4hrs,   | <input type="checkbox"/> in 8hrs, | <input type="checkbox"/> in AM           |
| Phosphorus                                   | <input type="checkbox"/> now, and     | <input type="checkbox"/> in 4hrs,   | <input type="checkbox"/> in 8hrs, | <input type="checkbox"/> in AM(optional) |
| CBC  | <input type="checkbox"/> now          |   |                                   |  |
| FSBS   | <input type="checkbox"/> now & q 1 hr |   |                                   |  |
| <input type="checkbox"/> EKG (if indicated). |                                       | <input type="checkbox"/> HCG (if indicated for female of childbearing age). |                                   |  |

**IV FLUIDS:**

1. (Recommend 1000 mL of NS)
 

_____ #1	<input type="checkbox"/> rapidly or over	<input type="checkbox"/> 30 min.	<input type="checkbox"/> 60 min.	<input type="checkbox"/> 90 min.	<input type="checkbox"/> 2hrs.	<input type="checkbox"/> _____
_____ #2	<input type="checkbox"/> rapidly or over	<input type="checkbox"/> 30 min.	<input type="checkbox"/> 60 min.	<input type="checkbox"/> 90 min.	<input type="checkbox"/> 2hrs.	<input type="checkbox"/> _____
_____ #3	<input type="checkbox"/> rapidly or over	<input type="checkbox"/> 30 min.	<input type="checkbox"/> 60 min.	<input type="checkbox"/> 90 min.	<input type="checkbox"/> 2hrs.	<input type="checkbox"/> _____
_____ #4	<input type="checkbox"/> rapidly or over	<input type="checkbox"/> 30 min.	<input type="checkbox"/> 60 min.	<input type="checkbox"/> 90 min.	<input type="checkbox"/> 2hrs.	<input type="checkbox"/> _____
2. Following fluid bolus above, continue  NS or  \_\_\_\_\_ at  250 or  \_\_\_\_\_ mL/hr until FSBS <175 mg/dL.
3. Change IVF to D5 ½ NS with 20meq KCl/L at 150 mL/hr when FSBS <175 mg/dL. (Hold KCl if serum K + >5.0 or if urine output < \_\_\_\_\_ . Call physician if urine output is < \_\_\_\_\_ mL per \_\_\_\_\_ .) (Leave insulin infusion unchanged.)
4. Check FSBS one hour after changing to D5 ½ NS with 20meq KCL/L and :
  - call physician for further glucose IV and insulin rate instructions,
  - or  titrate D5 ½ NS with 20meq KCl/L in increments of 25 - 50mL. Goal FSBS 80-110mg/dL within 12 hours of initiating therapy.

**INSULIN:**

1. Regular insulin 10 units IV push now x 1 dose, then begin insulin infusion within 30 minutes of the IV bolus dose.
2. Regular insulin infusion (1unit/1mL in D5W): Begin at \_\_\_\_\_ units/hr. Specify rate to nearest 0.1 units/hr. (Recommend 5 - 10 units/hr. If blood sugar is decreasing < \_\_\_\_\_ mg/dL/hr or > \_\_\_\_\_ mg/dL/hr, notify physician.
3. Repeat regular insulin 10 units IV push x 1 dose and increase insulin infusion rate by 50% if FSBS does not decrease by 10% or more within first hour of insulin infusion.

**MONITORING/MISC:**

- NPO until nausea and vomiting controlled, then begin clear liquids & advance diet to general as tolerated.
- I&O:  q1hr x \_\_\_\_\_  q2hr x \_\_\_\_\_  q4hr x \_\_\_\_\_  q8hr x \_\_\_\_\_  other \_\_\_\_\_
- If indicated  Foley catheter  NG Tube  Cardiac monitor  Daily Weight
- O<sub>2</sub> at 2 - 4 L/min per NC (to maintain O<sub>2</sub> sat > 95%)

**INITIATE Inpatient Hyperglycemia Management Protocol WHEN:**

CO<sub>2</sub> >16, anion gap < 16, patient is ready to eat solid food, and fluid deficit is corrected.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date/Time

INS DKA	Page 1/1
CERNER:	
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