

Name: _____
Room #: _____

STAT

DIABETIC KETOACIDOSIS

1. STAT labs unless done prior in ED:

- BMP
- CBC with differential
- Serum ketones
- Phosphorus
- U/A
- ABGs

2. Additional labs:

- PA and Lateral CXR
- EKG
- Blood cultures
- Urine culture

3. Cardiac Profile to include: _____

4. IV Bolus _____ units Human Insulin Regular (usually 6-10 units)

5. Insulin Drip:

Start insulin drip-Human Insulin Regular @ _____ units/hour (usually 0.1 units/kg/hour).

Standard drip concentration 100 units/1000 mL 0.9% Sodium Chloride (if patient has history of congestive heart failure or renal failure, 100 units/100 mL 0.9% Sodium Chloride can be used)

If glucose less than 70, give 50 ml Dextrose 50% IVP and stop insulin drip for 15 minutes and recheck bedside glucose.

If glucose greater than 100, restart insulin drip @ _____ units/hour (usually 0.5 – 1 unit/hour)

(For non-pregnant patients) if glucose:

71-120	Decrease insulin drip by 0.3 units/hour or 3 mL/hour
121-180	Maintain current rate
181-240	Increase insulin drip by 0.3 units/hour or 3 mL/hour
241-300	Increase rate by 0.6 units/hour or 6 mL/hour
Greater than 300	Increase rate by 1 unit/hour or 10 mL/hour

***Call MD if glucose drops by more than 100 mg/dl/hr.
Do not piggyback any other IVs into insulin drip tubing.***

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- 6. Bolus 2 L 0.9% Sodium Chloride each over one hour, then run IV fluids using 0.9% Sodium Chloride initially at _____ mL/hour (usually 200 mL/hour; except if patient has congestive heart failure or renal failure)
- 7. Capillary glucose is measured hourly until glucose is between 125 mg/dl and 225 mg/dl twice, then measure it every 2 hours thereafter.
- 8. Once glucose is below 200 mg/dL, change IV fluids to D5/0.45% Sodium Chloride at current rate.
- 9. Electrolytes, phosphorus levels every 4 hours until anion gap normal and/or CO₂ over 17 then decrease frequency to 6-12 hours.
- 10. If potassium is between 4.6 and 5 mEq/L, add 10 mEq/L KCL to IV fluids. (In patients with renal failure call MD for potassium supplementation orders.)
 - If K+ 4.1-4.5 mEq/L, add 20 mEq/L KCL
 - If K+ 3.6-4.0 mEq/L, add 40 mEq/L KCL
 - If K+ less than 3.6, notify MD for K rider orders
 - If K+ over 5 discontinue K from IV fluids
- 9. Give sodium bicarbonate _____ amps (usually given if K+ over 6.5 mEq/L, pH under 7, or if patient is in shock).
- 10. Repeat ABGs 30 min after bicarbonate was given.
- 11. Keep patient NPO except for sips of water and ice chips until serum ketones are negative and anion gap normal; then advance diet to no concentrated sweet liquids.
- 12. Initiate Diabetic Teaching Protocol and glucose meter to bedside (if patient does not already have one) after patient tolerating PO.
- 13. Initiate subcutaneous insulin once anion gap within normal limits and patient able to tolerate POs. *Stop insulin drip one hour after subcutaneous insulin given.*

Physician Signature: _____

Date: _____

Time: _____