

Medication Administration Record

DIABETIC KETOACIDOSIS

Diagnosis: Admit: Wt: lb oz Ht: ft in Age: Sex: Notes: Allergies:	<div style="border: 1px dashed black; border-radius: 15px; width: 80%; margin: 0 auto; padding: 20px 0;"> <i>Patient Label</i> </div>
Administration Period:	Start/Stop 0730-1529 1530-2329 2330-0729
IV Bolus _____ units Human Insulin Regular (usually 6-10 units)	
Start insulin drip-Human Insulin Regular @ _____ units/hour (usually 0.1 units/kg/hour). Standard drip concentration 100 units/100 mL 0.9% Sodium Chloride 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 @ _____ (usually 0.5 – 1 unit/hour)	
Insulin Drip: (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	
Bolus 2 L 0.9% Sodium Chloride each over one hour, then run IV fluids using 0.9% Sodium Chloride initially at _____ mL/hour	
Once glucose is below 200 mg/dL, change IV fluids to D5/0.45% Sodium Chloride at current rate.	
If potassium is between 4.6 and 5.0 meq/L, add 10 meq/L KCL to IV fluids. 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 5.0 discontinue K from IV fluids	
Give sodium bicarbonate _____ amps	
Initiate subcutaneous insulin once anion gap within normal limits and patient able to tolerate POs. Stop insulin drip one hour after subcutaneous insulin given.	

SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS

VERIFIED BY: _____