



**PHYSICIAN ORDERS
FOR
Initial Management of Suspected
DIABETIC KETOACIDOSIS in the
EMERGENCY DEPARTMENT**

Page 1 of 2

Patient Identification

Weight: _____ kg Height: _____ cm Allergies: _____

Initial on all lines applicable

DIET:

_____ NPO _____ Ice chips

VITAL SIGNS/MONITORING:

- Cardiorespiratory monitor, RR, HR, BP, Neuro VS including headache assessment q1h
- Strict Ins & Outs

_____ Other: _____

INITIAL INVESTIGATIONS:

- Na, K, Cl, glucose, creatinine, urea, venous blood gas, serum osmolality
- POCT urinalysis
- If new onset diabetes: TSH, thyroid antibodies, HbA1c (*If available*)

_____ Other: _____

ON-GOING INVESTIGATIONS:

- Bedside glucose q1h until dextrose added to IV then q2h (also at initiation of insulin and 1 hour after any change in insulin dose)
- Na, Cl, K, glucose, venous blood gas, serum osmolality q4h
- POCT urinalysis q4h

INITIAL FLUID RATES (HOURS 0 – 12):

Weight:	5 – <10 kg	10 – <20 kg	20 – <40 kg	≥40 kg
mL/kg/hr:	6.5	6	5	4 (MAX 250 mL/hr)

Initial Fluids

_____ IV 0.9% NS bolus of _____ mL (10 mL/kg) over 30 min, THEN

_____ IV 0.9% NS at _____ mL/hr (**SEE FLUID RATES ABOVE**)

On-going Fluids

- Add 40 mmol/L KCl to initial fluids once serum K+ is less than 5 mmol/L and patient has voided
- If blood glucose is less than 15 mmol/L or has dropped more than 5 mmol/L per hour, change fluids to: IV D10NS with _____ mmol KCl/L at _____ mL/hr (**SEE FLUID RATES ABOVE**)

Insulin

- Do not start insulin until 1 hour after IV fluids have been started (not longer than 2 hours)

_____ **Insulin** (regular) 1 unit/mL at 0.1 units/kg/hr IV

CONSULT:

- Pediatric Diabetes/Endocrinology or Pediatric Specialist

_____ PICU – Pediatric Referral Centre (if pH less than 7.1, age less than 5 years, hypotension, or suspected cerebral edema)

*** Ensure nurse is aware of page 2 at the time of completion *** Continued on Page 2 ...

PHYSICIAN SIGNATURE

PRINT NAME OF PHYSICIAN

DATE & TIME

NURSE SIGNATURE

PRINT NAME OF NURSE

DATE & TIME

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Page 2 of 2

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... Continued from Page 1

Initial on all lines applicable

FOR SUSPECTED CEREBRAL EDEMA

- GSC <14, and/or irritability in younger children; and/or
- Cushing's triad: ↑BP, ↓HR, ↓RR
- Move to the Resuscitation area
- Nurse in continuous attendance of patient
- Raise head of the bed to 30°
- Decrease IV fluids to 60% of initial IV Fluid Rehydration Rates (see table below):

60% of Initial IV Fluid Rehydration Rates

Weight:	5 – <10 kg	10 – <20 kg	20 – <40 kg	≥40 kg
mL/kg/hr:	3.9	3.6	3	2.4 (MAX 250 mL/hr)

CONSIDER:

_____ 3% NS _____ mL (5 mL/kg, MAX 250 mL) IV over 15 minutes **OR**

_____ Mannitol 20% _____ g (0.5 – 1 g/kg), IV over 20 minutes

_____ STAT CT head scan (*Should be done at the Pediatric Referral Centre*)

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PRINT NAME OF PHYSICIAN

DATE & TIME

NURSE SIGNATURE

PRINT NAME OF NURSE

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