

DIABETIC KETOACIDOSIS (DKA) CHILDREN AGES 1 MONTH TO 19 YEARS

DATE / / TIME : HOURS
 DD MM YYYY HH MM

WEIGHT <u> </u> kilograms	HEIGHT <u> </u> centimeters	<input type="checkbox"/> ALLERGY/Adverse Drug Reaction (ADR) reviewed	
Pharmacy Use Only	<i>TO BE USED BY PHYSICIANS IN CONJUNCTION WITH PEDIATRIC DKA PROTOCOL FOR RATIONALE, FLUID AND DRUG CALCULATIONS (# 829660)</i>		Noted by RN/UC
<p>On Admission STAT:</p> <ul style="list-style-type: none"> <input type="checkbox"/> vital signs and neurovital signs on admission and then hourly <input type="checkbox"/> weigh patient <input type="checkbox"/> strictly monitor input and output <input type="checkbox"/> nothing by mouth, continuous pulse oximetry and cardiac monitor <input type="checkbox"/> insert large-bore intravenous cannula <input type="checkbox"/> capillary blood glucose by fingerpoke, dip urine for ketones <input type="checkbox"/> venous blood gas; whole blood sodium, potassium, chloride, bicarbonate, anion gap, ionized calcium (or total calcium), glucose, beta-hydroxybutyrate (if test available) <input type="checkbox"/> urea, creatinine, phosphorus, complete blood-cell count/differential, HbA1c <input type="checkbox"/> other labs <u> </u> <p>Fluid Resuscitation Bolus(es) (initial 30 to 60 minutes):</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1st: sodium chloride 0.9% <u> </u> mL IV over 30 minutes (10 mL/kg) <input type="checkbox"/> 2nd: sodium chloride 0.9% <u> </u> mL IV over 30 minutes (10 mL/kg) if required <p>Fluid Repair (after initial 30 to 60 minutes): begin at <u> </u> h</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bag A: sodium chloride 0.9% + 40 mEq/L potassium chloride at <u> </u> mL/hour IV (rate determined from DKA protocol, line 5) <p>Fluid Repair and Insulin Infusion (after initial 1 to 2 hours): begin at <u> </u> h</p> <ul style="list-style-type: none"> <input type="checkbox"/> reduce Bag A to <u> </u> mL/h <input type="checkbox"/> Bag B: dextrose 10% / sodium chloride 0.9% + 40 mEq/L potassium chloride at <u> </u> mL/hour IV (sum of Bag A rate + Bag B rate determined from DKA protocol, line 8, to keep glucose 8 to 12 mmol/L) <input type="checkbox"/> Bag C: 50 units insulin regular (i.e. Humulin® R or Novolin® Toronto) in 500 mL sodium chloride 0.9% at <u> </u> mL/hour IV (rate determined from DKA protocol, line 7, where 1 mL/kg/hour = 0.1 units/kg/hour). Before connecting the tubing to the patient, prime/flush the tubing with 50 mL of prepared insulin infusion to saturate the insulin binding sites. <p>Ongoing Monitoring:</p> <ul style="list-style-type: none"> <input type="checkbox"/> capillary blood glucose by fingerpoke every <u> </u> minutes (suggested 30 to 60 minutes) <input type="checkbox"/> venous blood gas; whole blood sodium, potassium, chloride, bicarbonate, anion gap, ionized calcium (or total calcium), glucose, beta-hydroxybutyrate (if test available); plasma urea, creatinine, and phosphorus every <u> </u> hours (suggested 2 to 4 hours) <p>If patient develops severe headache or alteration in vital signs or GCS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> notify MD STAT, raise head of bed 30°, decrease all IV fluids to 5 mL/hour pending MD review <input type="checkbox"/> mannitol 20% <u> </u> g IV STAT over 15 minutes (0.5 to 1 g/kg, 2.5 to 5 mL/kg) **OR** <input type="checkbox"/> sodium chloride 3% <u> </u> mL IV STAT over 15 minutes (2.5 to 5 mL/kg) 			
Signature	Printed Name	Pager #	License #