

Unique Plan Description: Adult Diabetic Ketoacidosis DKA
Rev 7/26/11**Adult Diabetic Ketoacidosis DKA****Patient Care**

DKA Glucose > 250 plus serum and urine ketones anion gap > 15(NOTE)*

Consider reasons for DKA (infection, AMI, CVA, pancreatitis, etc.)(NOTE)*

For conversion to SQ Insulin see DKA protocol attached to this Power Plan(NOTE)*

General Nursing Orders

- ☒ Ref Link for Nurse-DKA
T;N, Follow DKA Protocol that is referenced
- ☒ Nursing Communication
Adjust insulin, IV fluids and Potassium per DKA protocol.
- ☒ Blood Glucose Monitoring POC
q 1 hour
- ☒ Notify Provider Laboratory Results
Call MD when anion gap > 12 and HCO₃ > 16
- ☒ Notify Provider Laboratory Results
Call MD when PO₄ < 2.4 mg/dl

IV Solutions

- ☒ NaCl 0.9% (Bolus) – Adult **Circle Selection**
*1,000 mL, IV Bolus, BOLUS (DEF)**
2,000 mL, IV Bolus, BOLUS
3,000 mL, IV Bolus, BOLUS
Option 1 use next three orders below together(NOTE)*
- ☐ NaCl 0.9% (Infusion) - Adult
500 ml/hr, solution, IV Infusion, 2 hr, Hard Stop
- ☐ NaCl 0.9% (Infusion) - Adult
250 ml/hr, solution, IV Infusion, 8 hr, Hard Stop
Comments: Initiate after 500cc/hr 2 hr infusion. Follow DKA protocol.
- ☐ NaCl 0.45% (Infusion) - Adult
125 ml/hr, solution, IV Infusion
Comments: Initiate after completion of 0.9% NaCl infusion (250 mL/hr for 8 hours). Follow DKA protocol.
Option 2 use two orders below together(NOTE)*
- ☐ NaCl 0.9% (Infusion) - Adult
250 ml/hr, solution, IV Infusion, 2 hr, Hard Stop
- ☐ NaCl 0.45% (Infusion) - Adult
125 ml/hr, solution, IV Infusion
Comments: Initiate after completion of 0.9% NaCl infusion (250 mL/hr for 2 hours). Follow DKA protocol.

Change from normal saline to D5 1/2 normal saline when blood sugar <250 mg / dL and titrate up to 250 cc / hr (50 cc / hr increments) to maintain blood glucose > 150. If blood glucose < 150, change to D10 1/2 normal saline and titrate to same goal.(NOTE)*

Date_____ Signature_____

Patient Sticker

Printed Name _____ Pager_____

- ☒ D5W + 1/2NS (Infusion) - Adult
Rate as determined by DKA protocol, solution, IV Infusion
- ☐ D10W + NaCl 0.45%(Infusion) - Ped
Rate as determined by DKA protocol, solution, IV Infusion
- ☒ potassium chloride increment
20 mEq, soln - inj, IV Piggyback, q 2 hours, PRN Based on Lab Parameters
Comments: IV potassium to be run at no faster than 20 mEq/hr for central IV and no greater than 10 mEq/hr for a peripheral IV. For KCl > 5 mmol/L, give none; for KCl 4 - 5 mmol/L, give 20 mEq IV; for KCl 3 - 4 mmol/L, give 20 mEq IV in addition to 20 mEq orally; for KCl < 3 mmol/L, give 40 mEq IV in addition to 40 mEq orally.
- ☒ potassium chloride tab
20 mEq, By Mouth, q 4 hrs, PRN Based on Lab Parameters
Comments: IV potassium to be run at no faster than 20 mEq/hr for central IV and no greater than 10 mEq/hr for a peripheral IV. For KCl > 5 mmol/L, give none; for KCl 4 - 5 mmol/L, give 20 mEq IV; for KCl 3 - 4 mmol/L, give 20 mEq IV in addition to 20 mEq orally; for KCl < 3 mmol/L, give 40 mEq IV in addition to 40 mEq orally.
- ☐ insulin regular drip (IVS)*
NS premix
insulin regular 100 units/100mL RTU

Laboratory

- ☒ Lytes
Routine, Nurse Collect, q 4 hours, 1, Day(s)
- ☐ Calcium
Routine, Nurse Collect, q 4 hours, 1, Day(s)
- ☒ Po4
Routine, Nurse Collect, q 4 hours, 1, Day(s)
- Draw C peptide when glucose is high to determine if patient is a Type I diabetic(NOTE)*
- ☐ Cpept
STAT, Nurse Collect

STAT Labs

- ☐ Chem7
STAT, Nurse Collect
- ☐ Po4
STAT, Nurse Collect
- ☐ Mg
STAT, Nurse Collect
- ☐ CBC
STAT, Nurse Collect
- ☐ Diff
STAT, Nurse Collect

Date_____ Signature_____

Patient Sticker

Printed Name _____ Pager_____