



OUR LADY OF THE LAKE  
CHILDREN'S HOSPITAL

**DKA protocol in the ED:**

1. Obtain stat accucheck and VS. Place patient on cardiac monitor, pulse ox, and NIBP.
2. Start an IV (2 IVs are needed in a patient with suspected DKA).
3. Draw blood gas (VBG or CBG), HgbA1C, Chem 7 or Chem 12, Mag, Phos, CBC w/ diff, Blood Culture, C peptide and obtain U/A with urine culture.  
\*Other ordered labs may include Islet Cell Autoantibody eval, Insulin Antibody, Anti GAD 65 Antibody, Tissue Transglutaminase IgA AB, IGA level for a new onset diabetic.
4. Start 10ml/kg NS bolus, TBA over 1 hour.
5. DKA status will be determined by results of blood gas. If patient is in DKA, request Insulin R Drip 0.1 units/kg/hr STAT from pharmacy.
6. Start the process of getting patient admitted to PICU.
7. Obtain VS hourly with accucheck and neuro checks. Notify MD immediately of any change in patient status. \*If accucheck and chemistry results are not correlating, repeat chemistries may be required.
8. Obtain accucheck after bolus complete.
9. Start ~~NS~~ NS at 1.5 x maintenance rate after bolus complete and prior to starting Insulin R Drip. *NS + 20 KCl*
10. Start Insulin R Drip 100 units/NS 100 ml at 0.1 units/kg/hr. using 2nd IV. This is a 2 nurse check medication. Assure you document the staff name who participated in the double check  
\* Prime Insulin tubing by flushing half of the bag of insulin through the tubing prior to starting infusion. Label Insulin tubing and Insulin IV pump for safety. Goal is to begin Insulin R Drip immediately after bolus is completed and repeat accucheck done.\*
11. Monitor patient status and accuchecks every hour. Goal is to decrease BG by 50 mg/dl an hour and not more than 100 mg/dl an hour.
12. Notify MD if BG decreases by more than 100 mg/dl an hour.
13. If BG decreases to 300 mg/dl or less. Prepare to start maintenance fluids 5% Dextrose/NS with 20 meq KCL at 1.5 maintenance per MD order
14. The PICU protocol for the addition of dextrose once the patient's blood sugar has dropped to 300 or less should not be used in the Peds ER, you will add the 5%D/NSs with 20 meq KCL as noted in the prior guideline.

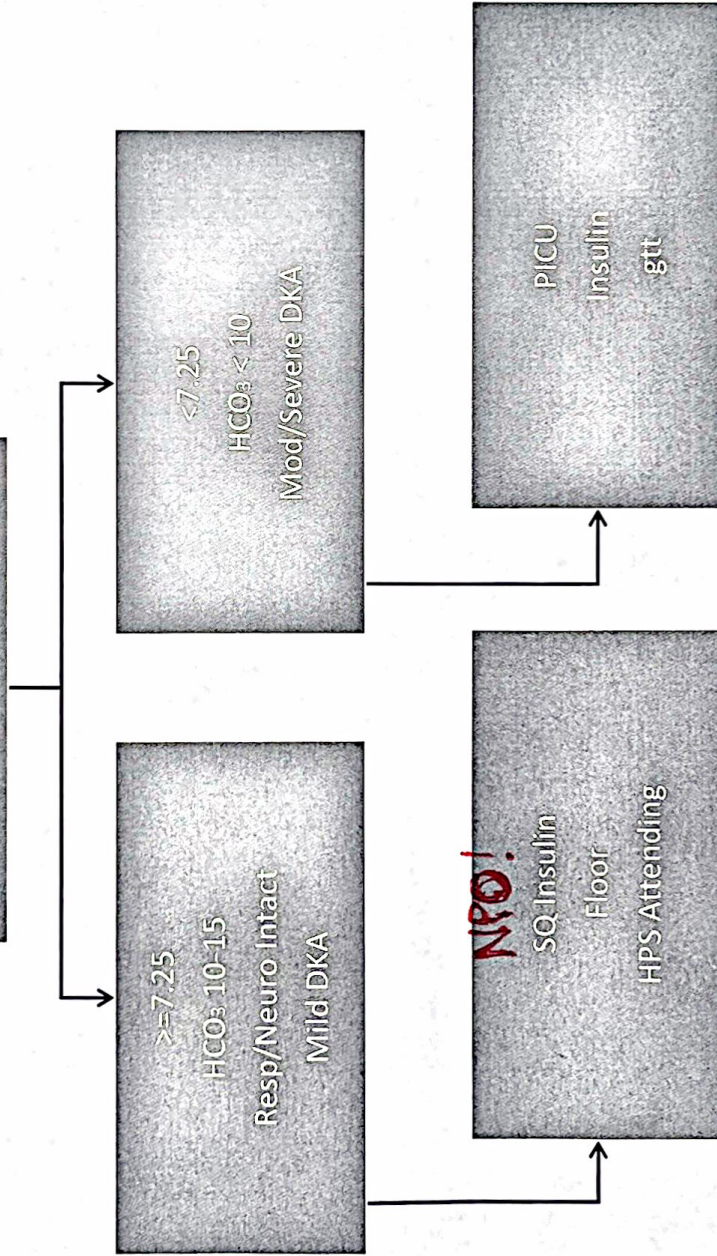
see DKA order set

# Severity of DKA

	MILD	MODERATE	SEVERE
Neuro	Alert	Drowsy	Obtunded/Coma
Hyperpnea	Absent	Mild	Severe
Hypovolemia	< 3%	3-5%	> 5%
HCO <sub>3</sub>	< 15	< 10	< 5
Venous pH	<del>7.2-7.3</del> ≥ 7.25	7.1-7.2	< 7.1
Anion gap	18-20	20-25	> 25
Where to tx	Floor	PICU	PICU



# DKA Protocol



Revised 09/2019