DIABETES KETOACIDOSIS (DKA) SS

NURSING
☑ Notify Physician If:
  - Bicarbonate level < 7
  - Bicarbonate (CO2) on BMP is ≥ 19 MmoL/L x 2, at least 4 Hrs apart, to obtain orders to transition from
    IV insulin to SubQ insulin regimen.
  - Any STAT lab or radiology results
☐ Blood glucose monitoring (BGM) - Q 1 Hr for Critical Care patients
☐ Blood glucose monitoring (BGM) - Q 2 Hrs for patients not in Critical Care
☐ Indwelling urinary catheter to gravity drainage; Reason:_____________________

RESPIRATORY
☐ Apply Oxygen (O2) with defined parameters to maintain oxygen SAT ≥ 90%

NUTRITION
☐ NPO except Ice Chips
☐ NPO
☐ Diabetic 1800 Calorie Diet
☐ Diabetic STANDARD 2000 Calorie Diet

IV FLUIDS
☐ Sodium Chloride 0.9% IV to run at 100 mL/Hr, switch to D5/0.45% NS (if ordered) Prn BG ≤ 250.
  RN to contact pharmacy to make NS order Prn BG > 250 and make D5/0.45% NS scheduled.
☐ Dextrose 5%/0.45% Sodium Chloride IV to run at 100 mL/Hr Prn when BG ≤ 250, switch to NS
  (if ordered) Prn BG > 250 mg/dL. RN to contact pharmacy to make D5/0.45% NS order Prn
  BG > 250 and make NS scheduled.

MEDICATIONS
PO POTASSIUM ORDERS
☐ Potassium Chloride (KDur) 60 mEq Po Prn potassium 2.5 – 3.4 mEq/L. Hold if creatinine is > 1.8 mg/dL or if
  patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if
  average urine output < 30 mL/Hr.) Notify MD if held.
☐ Potassium Chloride (KDur) 40 mEq Po Prn potassium 3.5 – 3.8 mEq/L. Hold if creatinine is > 1.8 mg/dL or if
  patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if
  average urine output < 30 mL/Hr.) Notify MD if held.

NG POTASSIUM ORDERS
☐ Potassium Chloride liquid (20 mEq/15 mL) 60 mEq NG Prn potassium 2.5 – 3.4 mEq/L. If patient is
  unable to take Po Potassium Chloride (if ordered) and has an NG tube. Hold if creatinine is
  > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift
  (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.
☐ Potassium Chloride liquid (20mEq/15mL) 40 mEq NG Prn potassium 3.5 – 3.8 mEq/L. If patient is
  unable to take Po Potassium Chloride (if ordered) and has an NG tube. Hold if creatinine is
  > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift
  (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.

IV POTASSIUM ORDERS
☐ Potassium Chloride 40 mEq/250 mL NS IVPB Prn potassium 2.5 – 3.4 mEq/L. If pt unable to take
  Po or NG Potassium Chloride (if ordered). See Lexi Comp for unit specific rate of administration.
  Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has
  urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.
☐ Potassium Chloride 20 mEq/100 mL premixed IVPB Prn potassium 3.5 – 3.8 mEq/L. If pt unable to
  take Po or NG Potassium Chloride (if ordered). See Lexi Comp for unit specific rate of
  administration. Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if

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MEDITECH NAME: DIABETES KETOACIDOSIS-SS
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ZYNX-DKA HHS SS
Farrington/ Ghiassi
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patient has urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.

IV POTASSIUM WITH LIDOCAINE ORDERS
- Potassium Chloride 40 mEq + Lidocaine 40 mg/250 mL NS IVPB Prn potassium 2.5 – 3.4 mEq/L. If pt unable to take Po or NG Potassium Chloride (if ordered). See Lexi Comp for unit specific rate of administration. Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.
- Potassium Chloride 20 mEq + Lidocaine 20 mg/100 mL NS IVPB Prn potassium 3.5 – 3.8 mEq/L. If pt unable to take Po or NG Potassium Chloride (if ordered). See Lexi Comp for unit specific rate of administration. Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.

IV MAGNESIUM REPLACEMENT ORDERS
- Magnesium sulfate 4 Gm/100 mL premixed IVPB Prn magnesium 0.8 – 1.3 mg/dL. See Lexi Comp for unit specific rate of administration. Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.
- Magnesium sulfate 2 Gm/50 mL premixed IVPB Prn magnesium 1.4 – 1.7 mg/dL. See Lexi Comp for unit specific rate of administration. Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.

IV PHOSPHORUS REPLACEMENT ORDERS
- Sodium phosphate 18 mmol IVPB in 150 mL D5W over 4 Hrs Prn phosphorus 1.1 – 1.6 mg/dL. Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.
- Sodium phosphate 9 mmol IVPB in 100 mL D5W over 2 Hrs Prn phosphorus 1.7 – 2.3 mg/dL. Hold if creatinine is > 1.8 mg/dL or if patient is receiving any form of dialysis or if patient has urine output < 360 mL/shift (for ICU pts. hold if average urine output < 30 mL/Hr.) Notify MD if held.

ENDOCRINE MEDICATIONS: Insulin

REMINDER: For patients with uncomplicated DKA, regular insulin should be given as an initial dose of 0.4 to 0.6 units/kilogram (half as IV bolus and half given intramuscularly or subcutaneously), followed by 0.1 units/kilogram every hour given intramuscularly or subcutaneously. REMINDER: IV regular insulin is the treatment of choice, except for patients with uncomplicated DKA.

<table>
<thead>
<tr>
<th>BG mg/dL</th>
<th>Units/Hr</th>
<th>BG mg/dL</th>
<th>Units/Hr</th>
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<tr>
<td>&lt; 69</td>
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<td>&lt; 70</td>
<td>Off</td>
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<tr>
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<td>71-109</td>
<td>1</td>
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<tr>
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<tr>
<td>120-149</td>
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<tr>
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Hypoglycemia orders
☑ For BG < 50 mg/dL turn off drip. Give D50% 50 mL IV Push. Recheck BG in 15 mins. Notify MD.

Other medications:__________________________________________________________________________

*All labs/diagnostics will be drawn/done routine now unless otherwise specified

LABORATORY – Cardiac Markers
☐ Troponin I Quantitative- STAT

LABORATORY – Hematology
REMINDER: Order Hemoglobin A1c if none available within past 3 months
☑ Hemogram (HMG) - STAT
☐ Hemoglobin A1c - STAT

LABORATORY – Chemistry (STAT)
☑ Chemistry Panel Comprehensive (CMP) - STAT
☑ Magnesium - STAT
☑ Amylase - STAT
☑ Lactic acid - STAT
☑ Ionized Calcium (ICA) - STAT
☑ Serum Osmolarity - STAT Evidence

LABORATORY – Chemistry
☐ Basic Metabolic Panel (BMP) - Q 6 Hrs X 24 Hrs
☐ Ionized Calcium (ICA) - Q 6 Hrs X 24 Hrs
☐ Ionized Calcium (ICA) - In AM
☐ Phosphorus - Q 6 Hrs X 24 Hrs
☐ Phosphorus - In AM
☐ Magnesium - Q 6 Hrs X 24 Hrs
☐ Magnesium - In AM
☐ Ketone (Beta-Hydroxybutyrate) - URGENT Q 6 Hrs X 24 Hrs Evidence
☐ Ketone (Beta-Hydroxybutyrate) - In AM Evidence
☐ pH Venous Blood Q 6 Hrs X 24 Hrs
☐ Chem Panel Hepatic Function (LFT) - In AM
☐ Lipase - In AM

LABORATORY – Blood Gas
☑ Arterial Blood Gas (ABG) - STAT
☐ Arterial Blood Gas (ABG) - In AM

LABORATORY – Urine
☑ Urinalysis Reflex Culture (UATC) - STAT
☐ Urinalysis Reflex Culture (UATC)

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**MICROBIOLOGY**
- Blood culture X 2 from different sites - STAT

**DIAGNOSTICS - Cardiology**
- Electrocardiogram (EKG) - STAT; Reason for exam: _Arrhythmia_
- Electrocardiogram (EKG) - In AM; Reason for exam: _Arrhythmia_

**DIAGNOSTIC – Radiology**
- Chest 1 View X-ray (CXR) Portable - STAT; Reason for exam: ______________
- Chest 2 View X-ray (CXR) Portable - STAT; Reason for exam: ___________

**REQUEST FOR SERVICE**
- Consult for Nutrition Instruction
- Consult for Case Management
- Consult for Social Services
- Consult for Diabetes Education on self-monitoring blood glucose, hypo/hyperglycemia and medications.
- Outpatient Diabetes Education. Refer patient to Outpatient Center for Health Promotion. FAX facesheet to # (714) 628-3242.