



HURON PERTH HEALTHCARE ALLIANCE

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

HPHA ADULT DIABETIC KETOACIDOSIS ORDER SET

ADMIT to ICU under Dr. _____

DIET: Diabetic/Cardiac/2g Sodium NPO Other _____

ACTIVITY:

VITALS/MONITORING:

- Temperature, pulse, blood pressure, respiratory rate Q1H Q2H
- Urine output Q1H

LINES/TUBES:

- 2 peripheral IVs, greater than or equal to 20 gauge
- Saline lock with sodium chloride 0.9% 3-10 mL flush as per protocol

INVESTIGATIONS:

- 12 lead ECG
- Electrolytes and glucose Q2H Q3H x4, then reassess
- ABG or VBG Q2H Q3H Q4H x____, then reassess
- POCT Glucose Q1H while on insulin infusion, switch to QID once insulin infusion is off
- Magnesium [MAG] daily x____
- CBC
- INR/PTT
- ALT, ALP, bilirubin
- HBA1C
- Urinalysis
- Urine for C&S
- CK and troponin Q8H x3
- Blood cultures x 2 from different sites
- TSH, free T4
- Amylase

For Peripheral VBG compared to ABG:

1. pH usually 0.02-0.04 less than ABG
2. pCO2 usually 3-8 mmHg more than ABG
3. HCO3 usually 1-2 meq/L more than ABG
4. PO2 correlates unreliably to ABG

- Limited value in hypotensive patient
- When using central VBG, there is little or no increase in HCO3 compared to ABG

Theodore, AC, Up-to-date, Oct 2016

- Daily Blood Work _____
- ICU Adult Electrolyte Replacement Order set
- Other _____

IMAGING:

CXR, Query: _____

MEDICATIONS:

Discontinue any Sodium-glucose co-transporter 2 inhibitors (SGLT2 inhibitors) i.e. canagliflozin, dapagliflozin, empagliflozin or combination medication containing SGLT2 inhibitors

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Processed by:	Date & Time	Reviewed by:	Date & Time
Practitioner Printed Name	Practitioner Signature	Date	Time

Allergies: NKA or: _____

Weight (kg) _____ Height (cm) _____

SCAN ALL ORDERS TO PHARMACY

MEDICATIONS CONTINUED:

IV BOLUS

Bolus _____ mL of Sodium chloride 0.9% Ringer's Lactate over ____ hours

MAINTENANCE FLUIDS

IV fluid	Potassium**	Rate
<input type="checkbox"/> Sodium chloride 0.9% <input type="checkbox"/> Ringer's lactate <input type="checkbox"/> Dextrose 5% <input type="checkbox"/> Dextrose 5% sodium chloride 0.45%	<input type="checkbox"/> No potassium <input type="checkbox"/> Potassium chloride 20 meq/L <input type="checkbox"/> Potassium chloride 40 meq/L	_____ mL per hour

**do not add potassium to IV fluid until patient produces urine

SODIUM BICARBONATE

Dextrose 5% with 100 meq sodium bicarbonate 150 meq sodium bicarbonate at _____ mL per hour (this to run in addition to the maintenance fluids)

Inform MRP IMMEDIATELY if any of the following occur:

- Potassium is less than or equal to 3.3 mmol/L before starting insulin infusion
- Potassium drops below 3.3 mmol/L while on the insulin infusion
- When blood glucose is 10-12 mmol/L to review insulin orders
- If blood glucose is less than 10 mmol/L and dextrose 50% needs to be administered
- If chloride is greater than 115 mmol/L
- If blood glucose increases from one test to the next
- Anion gap has normalized

INSULIN ORDERS:

- Potassium must be greater than 3.3 mmol/L before starting the insulin infusion
- Insulin, regular 100 units in Sodium Chloride 0.9% 100 mL IV at _____ units per hour (recommend 0.1 units per kg per hour)
- DO NOT** stop insulin infusion if blood glucose less than 12 mmol/L unless orders have been received from physician
- If blood glucose decreases to 4 – 10 mmol/L, give 25 mL of dextrose 50% IV and decrease insulin infusion to 0.5 units per hour, and **notify the physician** but **DO NOT** shut off the insulin infusion
- If blood glucose less than 4 mmol/L while on an insulin infusion, give 50 mL of dextrose 50% IV and decrease insulin infusion to 0.5 units per hour, but **DO NOT** shut off and **notify physician**
- Continue IV insulin for 2 hours after initiation of subcutaneous insulin orders

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