MARKHAM STOUFFVILLE HOSPITAL CORPORATION

Patient Information stamp will appear here

ACTION

Diabetic Ketoacidosis (DKA) Order Set

Diet

☒ NPO until normal anion gap and patient able to eat

Current Body Weight: _____ kg

Tests

☐ Venous blood gas now **AND** 1 hour after start of hydration

☐ Urea, creatinine, serum glucose, electrolytes q2h

☐ POC Glucose q1h

Calculate Anion Gap with each set of electrolyte blood work, target less than 13

Anion Gap = Na - (Cl + HCO_3) = Sodium - (Chloride + Bicarbonate)

IV Therapy

☐ Bolus 0.9% Sodium Chloride _____ mL IV over _____ hours

THEN ☐ Maintenance: 0.9% Sodium Chloride _____ mL/h

☐ Maintenance: 0.9% Sodium Chloride _____ mL/h

☒ Once serum glucose less than or equal to 14 mmol/L change IV fluids to D5W / 0.45% Sodium Chloride with added potassium as per chart below.

Potassium Replacement

☐ Adjust potassium content in maintenance IV fluid as follows:

Serum Potassium (mmol/L)	Potassium Concentration
Less than 3	40 meq/L and call MD
3 - 3.9	40 meq/L
4 - 5.5	20 meq/L
Greater than 5.5	No added potassium but recheck serum potassium in 2 hrs

Insulin Therapy DO NOT stop insulin without an MD order

☒ **If K+ is less than 3.3 mmol/L** (give in addition to potassium containing maintenance fluid above)
KCl 10 meq/100 mL over 30 min each x 4 doses

☐ Baseline insulin infusion 0.1 units/kg/h = _____ units/h, q1h capillary blood glucose (Mix 50 units regular insulin in 50 mL D5W = 1 unit/mL)

☒ **If after 2 hours Anion Gap has not decreased call MD to adjust insulin rate**

☒ Discontinue patient's previous subcut insulin regimen, if applicable

Submitter Name: _____ Date & Time _____

Order Verified by Signature: _____ Date & Time _____

Co-Signer Signature: _____ Date & Time _____

Scanner Signature: _____ Date & Time _____

Transcriber Signature: _____ Date & Time _____

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Diabetic Ketoacidosis (DKA) Order Set

Sodium Bicarbonate

☒ If pH less than 7 one hour after start of hydration, give Sodium Bicarbonate 50 mmol (1 vial) in 250 mL D5W IV over 1 hour and repeat q2 hours until pH 7 or greater

☐ Venous blood gas q2h until pH 7 or greater

Subcutaneous Insulin

☒ Contact MD to initiate if all of the following parameters are met:

- Anion gap is less than 13
- Serum glucose is within target range AND
- Patient able to tolerate oral fluid

Consults

☒ ICU ☒ Endocrinologist ☒ Diabetes Clinician (MSH site)

Additional Orders

DO NOT USE: <, >, SC, SQ, SUBQ, U, IU, zero after decimal (write 1 mg) ALWAYS USE: zero before decimal (0.5 mg)

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