Lakeridge Health

☑ Harmonized

PAEDIATRIC DIABETIC KETOACIDOSIS ADMISSION ORDER SET

PATIENT LABEL

Height: ____________ cm   Weight: ______________ kg

☐ No Known Allergies

Allergies: ____

Admission

Admit to: Paediatrics   Most Responsible Practitioner: ______________________

Diagnosis: Diabetic Ketoacidosis

Precautions

☐ Airborne – Reason: ______________________________________

☐ Contact – Reason: ______________________________________

☐ Droplet – Reason: ______________________________________

☐ Other: ______________________________________

Consults

☒ Charles H. Best Centre (CHBC) Referral (page after-hours and on weekends); MRP to contact CHBC paediatrician prior to discharge (1-855-266-7243; 00360#)

☐ Other: ______________________________________

Diet

*****DAT is not a diet order available at Lakeridge Health*****

☐ NPO except for meds   ☐ Ice Chips   ☐ Other: ______________________

*****When venous pH greater than 7.3 and serum Sodium Bicarbonate is greater than or equal to 15 mmol/L, utilize the *Paediatric Diabetic Transition to Subcutaneous Insulin Order Set******

Vitals/Monitoring

☒ Height and Weight on admission

☒ T, HR, RR, BP, SpO_2 q _________ h and PRN until discharge

☒ Neurovitals including Paediatric Glasgow Coma Scale (pGCS) q _________ h and PRN

☒ If patient develops decreased level of consciousness, irritability, headache, vomiting, incontinence/age-inappropriate enuresis, hypertension, bradycardia or bradypnea:

- ☒ Capillary Blood Glucose **STAT** and notify MRP **STAT**

Practitioner: ______________	Nurse: ______________	Clerk: ______________
Signature: ______________	Signature: ______________	Signature: ______________
Date: __________ Time: ________	Date: __________ Time: ________	Date: __________ Time: ________

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Vitals/Monitoring Continued …

For further management refer to the *Paediatric Cerebral Edema in Diabetic Ketoacidosis Order Set*

☒ Accurate Intake and Output q ________ h

Activity

☒ Activity as tolerated (AAT)

Lab Investigations

Lab Investigations on admission (if not already done in ED) (select all that apply)

☐ CBC ☐ Glucose ☐ Na, K, Cl, TCO_2, Serum Osmolality

☐ Venous Blood Gas ☐ HbA1C ☐ Routine Urine

New onset diabetes:

☐ TSH ☐ Tissue Transglutaminase IgA Antibody

☐ Thyroid Antibodies ☐ Quantitative Immunoglobulins (IgG, IgA, IgM)

☐ Additional Labs: ____

____

Follow up Lab Investigations

☒ Na, K, Cl, TCO_2, Creatinine, Urea, Glucose, Serum Osmolality and Venous Blood Gas q4h during insulin infusion

IV Therapy

☒ Lidocaine/Prilocaine (Emla) topical cream 30 – 60 minutes prior to IV insertion or phlebotomy PRN for pain

☐ Maintain 2 peripheral IVs whenever possible: #1 for IV fluids and #2 for blood work

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IV Therapy Continued …

IV Fluids

☒ Hourly Total Fluid Intake (TFI) ________ mL/hr **(see table below)**

Initial IV Fluid rate				
Weight:	5 – 9.9 kg	10 – 19.9 kg	20 – 39.9 kg	40 kg and above
mL/kg/hour:	6.5	6	5	4 **(max 250 mL/hr)**

☒ 0.9% NaCl IV to maintain hourly TFI; TFI includes INSULIN rate + IV fluid rate

- ☒ Change to 0.9% NaCl **WITH** 40 mmol/L KCl once patient has voided **AND** K+ is less than 5.0 mmol/L

Insulin Infusion and Management

☒ Mix 25 units Insulin Regular in 250 mL of 0.9% NaCl (0.1 unit/mL)

☒ Insulin Regular infusion at ________ unit/kg/hr **(0.1 unit/kg/hr)**

During Insulin Infusion

☒ Capillary Blood Glucose at initiation of insulin, q2h and **1 hour** after any change in insulin dose

☒ If Glucose is 10 – 17 mmol/L **OR** if Glucose decreases more than 5 mmol/L over 1 hour:

- ☒ If infusion is 0.9% NaCl, change IV fluids to D5W + 0.9% NaCl **WITH** 40 mmol/L KCl to maintain hourly TFI

☒ If Glucose is less than 10 mmol/L:

- ☒ Change IV fluids to D10W + 0.9% NaCl **WITH** 40 mmol/L KCl to maintain hourly TFI

Pain/Fever Management

☐ Acetaminophen ________ mg **(10 – 15 mg/kg/dose)** PO/PR q4h PRN for pain or temperature greater than 38°C, to a maximum of 75 mg/kg/day or 4,000 mg/day, whichever is less

☐ Ibuprofen ________ mg **(5 – 10 mg/kg/dose)** PO q6h PRN for pain or temperature greater than or equal to 38°C, to a maximum of 40 mg/kg/day or 2,400 mg/day, whichever is less

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Additional Orders

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Signature: __________________	Signature: __________________	Signature: __________________
Date: __________ Time: ______	Date: __________ Time: ______	Date: __________ Time: ______