



Cerebral Edema
Clinical findings that are concerning for cerebral edema:

- severe headache and/or vomiting
- irritability, lethargy or change in mental status
- elevated blood pressure and decreased heart rate
- pupillary reflex changes or cranial nerve palsy
- decorticate or decerebrate posturing

Activate emergency response

Criteria for ICU Placement
Based on initial BMP and VBG lab value and current neurologic status:

1. Severe DKA (pH < 7.1 or bicarbonate < 5)
2. Mild or Moderate DKA (pH < 7.3 or bicarbonate < 15) and any of the following:
 - Significant headache
 - Mental status abnormalities or GCS < 14
 - Hemodynamic instability
 - Age < 24 months

Consider patient < 5 years of age and/or with corrected serum sodium > 160

Criteria for Transitioning off Insulin Infusion

- Serum HCO₃ > 15 and serum beta-hydroxybutyrate ≤ 1 mmol/L AND able to tolerate oral intake
- OR
- Serum HCO₃ > 17 with normal anion gap AND able to tolerate oral intake

- Utilize DKA order set
- Refer to Hospitalist for insulin dosing
- Order food
- Administer short- (based on blood sugar and carb intake) and long- acting insulin sub-q, allow patient to eat. In 30 minutes, after sub-q insulin, turn off insulin infusion and IVF. Start saline IVF, if ordered by Hospitalist team.

- Utilize DKA order set
- Have parent sign waiver of liability specific to insulin pumps
- Have patient or parent replace pump site (use new insertion site, new insulin reservoir filled with new insulin)
- Refer to Hospitalist for insulin dosing
- Order food
- Start insulin pump basal rate and give first insulin bolus through pump (based on blood sugar and carb intake) and allow patient to eat.
- In 30 minutes after insulin bolus, turn off insulin infusion and IVF. Start saline IVF, if ordered by Hospitalist team.
- Document on Insulin pump flow sheet

- Order blood glucose monitoring and labs (Refer to DKA transition order set)
- Coordinate education with Diabetes Educator as needed
- Consult Endocrinology
- Consult Dietitian and Social Work as needed
- Consult Behavioral Health as needed

Discharge Criteria

- Reason for DKA identified and addressed
- Patient and/or caretaker has demonstrated ability to complete diabetes education, perform self-monitoring of blood glucose, independently calculate insulin doses, administer insulin, identify and treat hypoglycemia and ketonuria
- Appointments with Endocrine and PCP (if needed) scheduled
- All diabetes supplies and prescriptions filled as needed

Regular Information Important Information Escalating Care

Disclaimer: Pathways are intended as a guide for practitioners and do not indicate an exclusive course of treatment nor serve as a standard of medical care. These pathways should be adapted by medical providers, when indicated, based on their professional judgement and taking into account individual patient and family circumstances.