DKA PATHWAY

DKA is defined as:
- Hyperglycemia > 200mg/dL
- pH < 7.3 or HCO3- < 15mEq/L
- Ketosis

Exclusion Criteria:
- Blood glucose > 1,000 mg/dL
- Corrected serum sodium < 130 or > 150
- Hemodynamic instability concern for cerebral edema

Onset of Pathway:

Resuscitation Goals for 2 trap system:
- Weight: <20 kg = 1.5 maintenance
- Weight: >20 kg = 2 maintenance

Considerations:
- Use recently documented pre-illness weight if available
- For obese patients, consider maintenance rate in context of ideal/actual body weight

Calculation ideal/actual body weight for children:

Recalculate SID for patients >12 years of age

DKA PATHWAY CONT'D

Emergency Department:
- Troubleshoot & notify provider
- Obtain STAT BID in all events
- VS and neuro checks CR/CR

Emergency Department:
- Utilize the DKA order set
- Obtain STAT BID & VBG, and serum beta hydroxybutyrate
- Repeat blood glucose Q1H
- If glucose <100mg/dl, rinse out IV, notify primary care
- If glucose <40mg/dl rinse out IV and consult hospitalist team
- Obtain STAT BMP
- Infuse 0.9% NS bolus over 15 minutes
- Monitor and allow patient to eat
- Have parent sign waiver of liability specific to insulin

Suggested PCP Follow-up:
- Order food intake
- Consult Endocrinology
- Consult Dietitian and Social Work as needed
- Consult Behavioral Health as needed

Suggested PCP Follow-up:
- Order home blood monitoring kit
- Refer to DKA transition order set
- Coordination of care with Diabetes Educator as needed
- Coordination of care with Provider of record
- Coordination of care with Hospitalist team

Suggested PCP Follow-up:
- Refer to PCP for any of the following:
  - Significant headache
  - Mental status abnormalities or GCS < 14
  - Neurologic instability
  - Age > 24 months

Criteria for Transferring Off Insulin Therapy

Severe DKA:
1. Patient with severe DKA should receive ICU care for 12 hours or more before transfer to the floor.
2. If patient is improving with ICU care for 12h, transfer to Med Surg to encourage distance in the transition to SQ insulin.

Admit to Med Surg:
- Use DKA order set
- VS and neuro checks Q2H
- Obtain serum magnesium and phosphorus Q2H
- Evaluate and treat any co-morbid diagnoses

Admit to ICU:
- Management per intensivist
- Inpatients with severe DKA should receive ICU care for 12 hours or more before transfer to the floor.
- Infuse 0.9% NS bolus over 15 minutes
- Insulin therapy will be continued
- Manage off pathway

Admit to PICU:
- Management per intensivist
- Inpatients with severe DKA should receive ICU care for 12 hours or more before transfer to the floor.
- Infuse 0.9% NS bolus over 15 minutes
- Insulin therapy will be continued
- Manage off pathway

Suggested PCP Follow-up:
- Consult Culinary and Social Work as needed
- Consult Behavioral Health as needed

Suggested PCP Follow-up:
- Order home blood monitoring kit
- Refer to DKA transition order set
- Coordination of care with Diabetes Educator as needed
- Coordination of care with Provider of record
- Coordination of care with Hospitalist team

Suggested PCP Follow-up:
- Refer to PCP for any of the following:
  - Significant headache
  - Mental status abnormalities or GCS < 14
  - Neurologic instability
  - Age > 24 months

Referrals:
- Consult Behavioral Health as needed
- Document insulin and pump flow sheet

First Step:
- Perform self monitoring of blood glucose

Data patient have an insulin pump:

- Utilize DKA transition order set
- No pump sign waiver of liability specific to insulin
- Have patient or parent replace pump change (use new inserter s) and give patient education
- Order food intake
- Consult Culinary and Social Work as needed
- Consult Behavioral Health as needed

Data patient have no an insulin pump:

- Utilize DKA transition order set
- Have parent sign waiver of liability specific to insulin
- Have patient or parent replace pump change (use new inserter s) and give patient education
- Order food intake
- Consult Culinary and Social Work as needed
- Consult Behavioral Health as needed

Reevaluation Criteria:
- Reason for DKA identified
- Patientand/or care giver has demonstrated ability to complete diabetes education, perform self-monitoring of blood glucose, independently calculate insulin doses, administer insulin, identity and treat hypoglycemia and hyperglycemia
- Appointments with Endocrinology and PICP if needed, scheduled
- All diabetes supplies and prescriptions filled

Discharge Criteria:

- Reason for DKA identified
- 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 hyperglycemia
- Appointments with Endocrinology and PICP if needed, scheduled
- All diabetes supplies and prescriptions filled

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Disclaimer: Pathways are intended as a guide for physician and staff use and do not include or replace source of medical advice or an established medical practice. These pathways are not intended to replace medical judgment, and should not be used as the only means of establishing treatment or diagnosing medical condition. Use of any pathway information is at the discretion of the provider involved in the patient's care.

Next page for Inpt Mgmt

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