

PRESCRIBER'S ORDERS FOR DIABETIC KETOACIDOSIS (DKA) INPATIENT AND OUTPATIENT

DATE / /
DD MM YYYY

TIME : HOURS
HH MM

WEIGHT kilograms

HEIGHT centimetres

ALLERGY CAUTION sheet reviewed

Pharmacy
Use Only

WRITE FIRMLY WITH A BALLPOINT PEN WITH BLUE OR BLACK INK

Noted by
RN/UC

On Admission STAT:

- vital signs and neurovital signs on admission and then hourly
- weigh patient
- strictly monitor input and output
- nothing by mouth
- pulse oximetry and cardiac monitor
- insert large-bore intravenous cannula
- capillary blood glucose by fingerpoke
- urine for ketones
- venous blood gas; whole blood sodium, potassium, chloride, bicarbonate, anion gap, ionized calcium, glucose, beta-hydroxybutyrate
- urea, creatinine, phosphorus, complete blood-cell count/differential, HbA1C
- other labs: _____

Fluid Resuscitation Bolus(es) (initial 30–60 minutes):

- 1st: sodium chloride 0.9% _____ mL IV over 30 minutes (10 mL/kg)
- 2nd: sodium chloride 0.9% _____ mL IV over 30 minutes (10 mL/kg)

Fluid Repair (after initial 30–60 minutes): begin at _____ h

- Bag A:** sodium chloride 0.9% + 40 mEq/L potassium chloride at _____ mL/hour IV (rate determined from DKA protocol, line 5)

Fluid Repair and Insulin Infusion (after initial 1–2 hours): begin at _____ h

- reduce **Bag A** to _____ mL/h
- Bag B:** dextrose 12.5% / sodium chloride 0.9% + 40 mEq/L potassium chloride at _____ mL/hour IV (sum of Bag A rate + Bag B rate determined from DKA protocol, line 8, to keep glucose 8–12 mmol/L)
- Bag C:** 50 units insulin regular (Humulin® R or Novolin® Toronto) in 500 mL sodium chloride 0.9% at _____ mL/hour IV (rate determined from DKA protocol, line 7, where 1 mL/kg/hour = 0.1 units/kg/hour). Saturate insulin binding sites by priming and flushing with 50 mL of prepared insulin infusion to run through tubing and discard.

Ongoing Monitoring:

- capillary glucose every _____ minutes (suggested 30–60 minutes)
- venous blood gas; whole blood sodium, potassium, chloride, bicarbonate, anion gap, ionized calcium, glucose, β -hydroxybutyrate; plasma urea, creatinine, and phosphorus every _____ hours (suggested 2–4 hours)
- if patient develops severe headache or alteration in vital signs or Glasgow Coma Scale Score: notify MD STAT, raise head of bed 30°, decrease all IV fluids to 5 mL/hour pending MD review
- mannitol 20% _____ g IV STAT over 15 minutes (0.5–1 g/kg, 2.5–5 mL/kg)
- sodium chloride 3% _____ mL IV STAT over 15 minutes (2.5–5 mL/kg)

Signature: _____ Pager # _____

Print Name: _____ License # _____