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

DATE DD MM YYYY TIME :HOURS HH MM WEIGHT kilograms		I	NPATIENT AI	ND OUTPATI	ENT		
Pharmacy Use Only	DATE	/_ DD MI	/ M YYYY				
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 apillary 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: 1½ sodium chloride 0.9%	WEI	IGHT	kilograms	_ kilograms HEIGHT centimetres		☐ ALLERGY CAUTION sheet reviewed	
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): 1¹*: sodium chloride 0.9% mL IV over 30 minutes (20 mL/kg) 2²⁰ (PRN): sodium chloride 0.9% mL IV over 30 minutes (20 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). Ensure serum potassium is ≤5.5 mmol/L. Fluid Repair and Insulin Infusion (after initial 1-2 hours): begin at h reduce Bag A to mL/hour Bag B: dextrose 12.5% / sodium chloride 0.9% + 40 mEq/L potassium chloride at h 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. Ensure serum potassium is ≥3.5 mmol/L. 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 m		-		WRITE FIRMLY WITH A BALLPOINT PEN WITH BLUE OR BLACK INK		-	
Signature:	WEIGHT		vital signs an weigh patien strictly monit nothing by m pulse oximet insert large-be capillary blood urine for ket venous blood calcium, gluc urea, creatin other labs:	d neurovital signs at tor input and outponent and outponent ary and cardiac motore intravenous conditions by fingerones and gas; whole blood cose, beta-hydroxy ine, phosphorus, complete the cose of	nitor annula erpoke I sodium, potassium, che butyrate complete blood-cell cou 30–60 minutes): mL IV over 30 mi 6 mL IV over tes): begin at 40 mEq/L potassium che I, line 5). Ensure serum er initial 1–2 hours): becour in chloride 0.9% + 40 ml + Bag B rate determine (Humulin® R or Novolin te determined from DKA sulin binding sites by precipitation binding sites by precipitation binding sites by precipitation in violet and consideration in violet 30° r decrease all IV AT over 15 minutes (0.5 mL IV STAT over 15 minutes) Pager # Pager #	loride, bicarbonate, anion gap, ionized int/differential, HbA1C nutes (20 mL/kg) r 30 minutes (20 mL/kg) h loride at mL/hour IV (rate potassium is ≤5.5 mmol/L. gin at h Eq/L potassium chloride at d from DKA protocol, line 8, to keep Toronto) in 500 mL sodium chloride 0.9% A protocol, line 7, where 1 mL/kg/hour = iming and flushing with 50 mL of prepared sure serum potassium is ≥3.5 mmol/L. ed 30–60 minutes) loride, bicarbonate, anion gap, ionized atinine, and phosphorus every tal signs or Glasgow Coma Scale Score: fluids to 5 mL/hour pending MD review tals (2.5–5 mL/kg) ites (2.5–5 mL/kg)	