



**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
- capillary 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 (ONLY AS NECESSARY FOR CARDIOVASCULAR INSTABILITY)

- 0.9% sodium chloride _____ mL IV over _____ minutes (suggested 5–10 mL/kg over 30–60 minutes; repeat if necessary, maximum <30 mL/kg)

Fluid Repair (initial 1–2 hours):

- 0.9% sodium chloride, run at _____ mL/hour IV (rate determined from DKA protocol, line 8) until _____ o'clock

Fluid Repair (after first 1–2 hours): begin at _____ o'clock

- discontinue above 0.9% sodium chloride order
- Bag A: 0.9% sodium chloride + 40 mEq/L potassium chloride at _____ mL/hour IV
- Bag B: 12.5 % dextrose / 0.9% sodium chloride + 40 mEq/L potassium chloride at _____ mL/hour IV (sum of Bag A rate + Bag B rate determined from DKA protocol, line 11, to keep glucose 10–15 mmol/L)

Insulin Infusion (after first 1–2 hours): begin at _____ o'clock

- Bag C: 50 units insulin regular (Humulin® R or Novolin® Toronto) in 500 mL 0.9% sodium chloride, flush first 50 mL, then run at _____ mL/hour IV (rate determined from DKA protocol, line 10, where 1 mL/kg/hour = 0.1 units/kg/hour)

Ongoing Monitoring:

- capillary glucose every _____ minutes (suggested 30–60 minutes)
- capillary blood gas; whole blood sodium, potassium, chloride, bicarbonate, anion gap, ionized calcium, glucose, beta-hydroxybutyrate; plasma urea, creatinine, phosphorus every _____ hours (suggested 2–4 hours)
- if patient develops severe headache or alteration in vital signs or Glasgow Coma Scale Score: notify physician STAT, raise head of bed 30°, decrease all IV fluids to 5 mL/hour, and have mannitol ready at bedside for infusion

Signature: _____ Pager # _____

Print Name: _____ College ID# _____