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

<table>
<thead>
<tr>
<th>DATE <em><strong>/</strong></em>/_____</th>
<th>TIME <em><strong>:</strong></em> HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>DD MM YYYY</td>
<td>HH MM</td>
</tr>
</tbody>
</table>

- WEIGHT _______ kilograms
- HEIGHT _______ centimetres
- ALLERGY CAUTION sheet reviewed

### 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# ____________________________