



DIABETIC KETOACIDOSIS/HYPERGLYCEMIA ORDERS

1. Admit to ICU Inpatient status Observation status
2. Diagnosis: DKA Other: _____
3. Accucheck STAT, then every hour after insulin drip initiated and one hour after each insulin rate change.
Continue every hour X4 then every 2 hours and record on diabetic flow sheet.
4. Labs: CBC Stat BMP with Anion Gap every 2 hrs until blood sugar less than 200 mg/dl
 Serum Acetone Urinalysis ABG Blood Culture X2 if temperature > 101
 EKG with chest pain or greater than 45 years old (if not already done)
 CXR with fever, cough or chest pain (if not already done)
 Other: _____
5. Start IV Fluids:
1st liter 0.9% Sodium Chloride at _____ ml/hr
2nd liter 0.9% Sodium Chloride at _____ ml/hr
3rd liter 0.9% Sodium Chloride at _____ ml/hr
When blood sugar less than 200, change IVF to D5 1/2 NS at _____ ml/hr
6. Add _____ meq KCL to IV starting when K+ is equal to or less than 4.0 (then MD will need to reorder daily)
7. Bolus 10 units IV Regular Insulin (if not done in last 4 hours)
8. Start Insulin drip at _____ units/hr (suggest 6 - 8 units/hr): use 100 units regular insulin in 100 ml NS (1 unit/ML)
9. Decrease insulin drip by 1/2 when blood sugar is equal to or less than 200 mg/dl.
10. Recommend switch to sub-cutaneous when Anion Gap is normal X2 in a row.
11. Call MD if:
 - a. Blood glucose over 300 mg/dl that is not dropping at least 75 mg/dl/hr
 - b. Blood glucose is less than 70 mg/dl
12. Foley cath to drainage if patient incontinent or unresponsive
13. VS per ICU protocol
14. Diet: _____
15. Strict I&O
16. Assess mental status every 4 hours or as indicated by MD
17. Weight on admission and daily.
18. Initiate diabetes education.

Physician Signature: _____

Date/Time: _____



Account Number: _____

MR Number: _____

Patient Name: _____

Admit Date: _____

Davis Hospital
AND MEDICAL CENTER

1600 West Antelope Drive
Layton, Utah 84041

DOB

Age

Sex

HT

WT

RM-BD

PT

SVC

FC

Allergies: _____

Attending Physician Name: _____

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