

## STANDING ADMISSION ORDERS DIABETIC KETOACIDOSIS/UNCONTROLLED DIABETIC

**Admitting Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Admit to:**  Inpatient  Observation

**Unit:**  Med/Surg  Telemetry  ICU

**Diagnosis:**  Diabetic Ketoacidosis  Hypersmolar Nonketotic State (HNS)  
 Uncontrolled Diabetes Mellitus (Type 1/Type 2)  Other: \_\_\_\_\_

**Condition:**  Stable  Guarded  Critical  Good  Fair  Poor

**Consult:**  Cardiology: \_\_\_\_\_  
 Endocrinology: \_\_\_\_\_

**Allergies:**  Other: \_\_\_\_\_

**Code Status:**  Full  DNR

**Vital Signs:**  Check every 2 hr x 24 hrs, then per unit protocol or every \_\_\_\_\_ hrs  Per unit protocol  Every shift  every \_\_\_\_\_ hours  
 Other: \_\_\_\_\_

**Activity:**  Bed rest  Up in chair  Bedside commode  Ambulate ad lib  Bathroom privileges only

**Nursing:**  Daily weight  Intake & Output  Foley to drainage  Sequential Compression Device (SCD)  
 Pulse oximeter  every shift  twice a day  Continuous overnight monitor  DVT Prophylaxis, if indicated  
 Glucose checks hourly at bedside  Compression Hose (TED)  
 Glucose checks AC and at bedtime or every \_\_\_\_\_ hrs  
 Other: \_\_\_\_\_

**Diet:**  Regular  NPO  2 gm low sodium  Clear liquid  Full liquid  
 Cardiac  Carbohydrate Controlled  
 Other: \_\_\_\_\_

**Fluids:**  Intravenous: \_\_\_\_\_ @ \_\_\_\_\_ ml/hr  
 Saline lock  
 Other: \_\_\_\_\_

**Fluids and Electrolyte Replacement:**  
 Bolus 0.9% NS 1 liter IV or Other: \_\_\_\_\_  
 Infuse 0.9% NS IV over 1 hour, then change to 0.50 NS at 500 ml/hr over 4 hrs. then 0.50 NS at 250 ml/hr or Other: \_\_\_\_\_  
 When BG less than 250, change IV to D5W 0.50 NS at 150 ml/hr or Other: \_\_\_\_\_

**Check K+ every 2 hr and supplement IV fluid as follows:**  
 If K+ less than 3.3, add 40mEq KCL/L to IV  
 If K+ 3.3 to 5.5, add 20mEq KCL/L to IV  
 If K+ greater than 5.5, do not add KCL to IV fluid



**Oxygen:**  Nasal cannula \_\_\_\_\_ L/min, adjust to keep O2 sat greater than 92%. May DC if O2 sat greater than 93% on RA.  
 Venti Mask \_\_\_\_\_ % FIO2  100% NRB  Other: \_\_\_\_\_


**Protocols (if available): All protocol orders must be placed in chart**  
 Weight Based Heparin Dosing Protocol for UA and/or MI (when patient placed on protocol, all associated labs and motitoring is included)

**Labs:**  Electrolytes every 2 hr until total CO2 greater than 20mmol/l  Troponin (STAT, repeat 90min, and 12 hours)  
 Serum Ketones  Urine Ketones  HgA1C  Cardiac Enzymes (every 6 hrs x 3)  
 BMP  CMP  Magnesium  Phosphorus  Stool guaiac  
 TSH  UA  CBC  ABG  CPK  Myoglobin  
 Urine microalbumin  Amylase  Lipase  Other Labs: \_\_\_\_\_

**Studies:**  CXray:  Portable  PA/Lateral  EKG  
 Other: \_\_\_\_\_

NURSE NOTED	DATE	TIME	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION
24 HR. CHART CHECK BY NURSE	DATE	TIME		

  	Account Number:	MR Number:
	Patient Name:	
	Admit Date:	

 503 Mcmillan Rd. - West Monroe, LA 71291	DOB	Age	Sex	HT	WT	RM-BD	PT	SVC	FC
	Allergies:								
	Attending Physician Name:								

**Medications: (Check the appropriate box)**

**Insulin**

- Insulin Infusion Protocol (ICU patients only)
- Humulin R Insulin Bolus (0.1 unit/kg)     7 units IV     8 units IV     9 units IV     10 units IV x 1
- Humulin R Insulin 0.1 unit/kg/ hour infusion     7 units IV per hour     8 units IV per hour     9 units IV per hour     10 units IV per hour

**Pain**

- Percocet 5/325 mg PO every 4 hrs PRN for moderate pain
- Morphine Sulfate 2 mg IV every 4 hr PRN severe pain (unless patient is allergic to codeine or morphine)

**Anticoagulant Thromboprophylaxis:**

- Heparin 5,000 units subcutaneous every 8 hours
- Enxoparin (Lovenox) 40mg subcutaneous every 24 hrs
  
- Sodium Bicarbonate (NaHCO3) 50 mEq IV Bolus x 1
- Lorazepam (Ativan)     0.5 mg PO every 6 hrs PRN     1 mg PO every 6 hrs PRN as needed for anxiety
- Famotidine (Pepcid) 20 mg PO twice daily or  IV twice daily (unable to tolerate PO)
- Nicotine \_\_\_\_\_ mg topical patch apply daily
- Temazepam (Restoril) 15 mg PO qHS PRN sleep. May repeat dose once in one hour if no results.
- Ondansetron (Zofran) 4 mg IV every 8 hrs PRN for nausea and vomiting

**Standard Medication: (all orders below will be implemented unless crossed out)**

- Acetaminophen (Tylenol) 650 mg PO every 4 hr PRN mild pain or temp greater than 101F (not to exceed 4 grams per 24 hrs)
- Docusate sodium (Colace) 100 mg PO qHS
- MOM 30 ml PO every 6 hours PRN constipation
- Maalox 30 ml PO every 6 hours PRN heartburn

**Additional Meds:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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Allergies:								
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