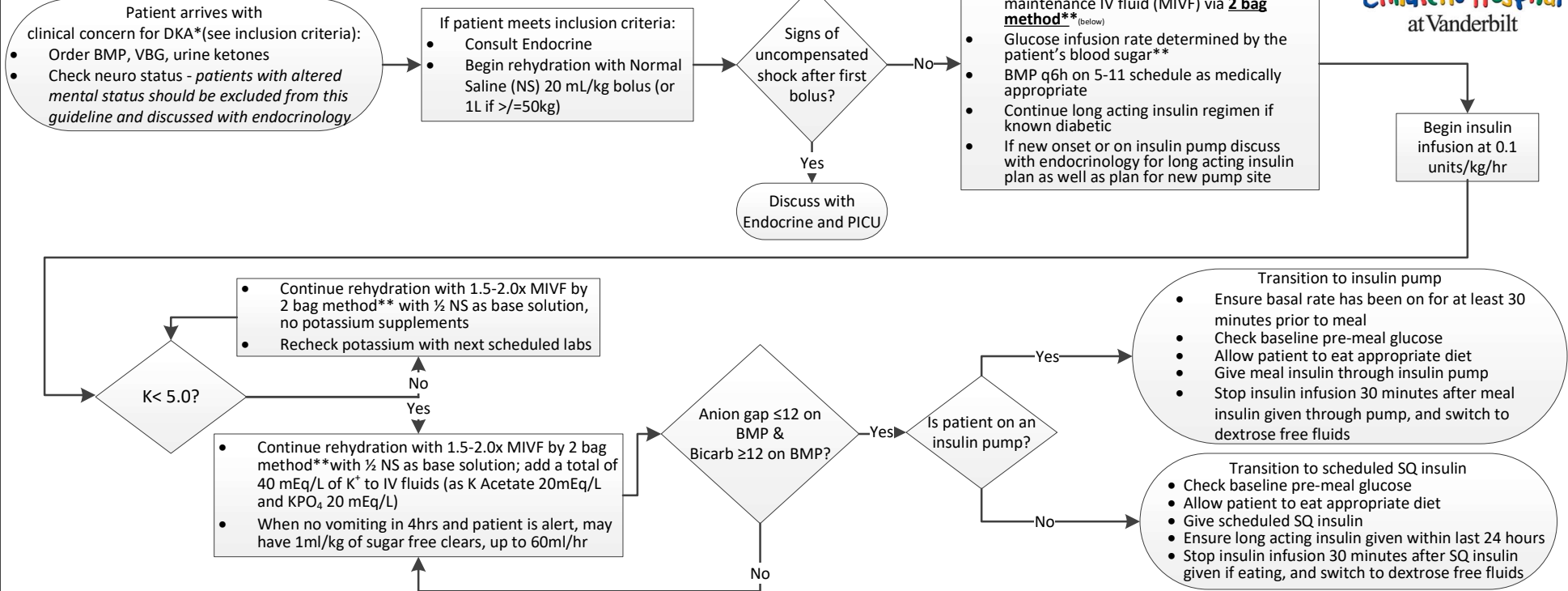


Diabetic Ketoacidosis



Clinical Practice Guidelines



*Inclusion Criteria

- Patient must meet *all* of the following:
- pH < 7.3
 - Bicarb on BMP ≤ 15
 - Glucose ≥ 200
 - Ketosis by urine or blood testing (send with first void, but do not delay initiation of insulin infusion if patient meets other criteria for DKA)
- AND *any* of the three listed below:
- History of previously diagnosed Insulin Dependent Diabetes Mellitus (IDDM)
 - History of significant Non-Insulin Dependent Diabetes Mellitus
 - History consistent with new onset IDDM (polyuria, polydipsia, polyphagia)

**2 Bag Method: Total IV Fluid (TIVF) = 1.5-2xMIVF

Patient's Glucose	1 st Bag (D ₀ solution)	2 nd Bag (D ₁₀ solution)
BG < 200	0% TIVF	100% TIVF
BG 200-300	50% TIVF	50% TIVF
BG > 301	100% TIVF	0% TIVF
BG < 70	<ul style="list-style-type: none"> Maintain insulin infusion Give 15 g carbs (ex. juice cup), if altered mental status give D25 Check blood glucose in 15 minutes 	

Warnings and emergency therapies

- Symptomatic Cerebral Edema from DKA is a clinical emergency
- Pediatric DKA is associated with a higher incidence of cerebral edema and stroke
- Monitor electrolytes during treatment closely, rapid changes in glucose and/or sodium may indicate rapid fluid shifts and increase risk for cerebral injury
 - For concern of cerebral edema, consider hypertonic saline administration: 3-5ml/kg (1.5-2.5 meq/kg) over 10 minutes (max of 500ml), use caution if corrected Na ≥ 150 meq/L as hypertonic saline may worsen hypernatremia/hyperosmolarity
 - If fever of > 38 C is present, the work up should include a fever/ infection evaluation while treating DKA

Bicarbonate administration is associated with increased morbidity/mortality from cerebral edema and should be reserved for dire situations after consultation with a Pediatric Endocrinologist

Exclusion Criteria

- If patient meets any of the following exclude from protocol and discuss treatment plan with Endocrinology
- Age < 3 years
 - Altered mental status
 - If corrected sodium ≤ 130 mEq/L
 - If corrected sodium ≥ 150 mEq/L
- Corrected plasma sodium = measured plasma or serum sodium concentration + (2*(serum glucose-100)/100)**
- Hyperosmolar Hyperglycemic Syndrome with or without DKA
 - Significant dehydration/ketosis without insulin deficiency from any other cause, such as:
 - Appendicitis or other abdominal crisis
 - Steroid induced hyperglycemia
 - Ketosis from other metabolic/genetic causes

Diabetic Ketoacidosis

Clinical Practice Guidelines



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