

INPATIENT ORDERS for ONGOING MANAGEMENT OF  
PEDIATRIC DKA

Refer to TREKK order set for Initial Management of DKA in the ED

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Patient Identification

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

**ONGOING ORDERS**

Items preceded by a (■) are instructions to clinical staff. Only items that are initialled will be actioned. The initialled order with the most recent time stamp will be the most current order (where applicable)

**DIET:**  NPO  Ice chips

**ACTIVITY:**  Bed rest  Bathroom privileges

**VITAL SIGNS/MONITORING:**

- RR, HR, BP, Neurovitals q 1h until resolution of acidosis. *If any decline in GCS, contact MD*
- Strict ins & outs

**INVESTIGATIONS:**

- Bedside blood glucose (BG) q1h until addition of dextrose to iv, then q2h and 1 hour after any change in IVF or insulin
- Urine ketones  each void  other \_\_\_\_\_

Time Initial

\_\_\_\_\_ VBG, blood glucose (BG), Na, K, Cl, urea, creatinine q \_\_\_ h x \_\_\_\_\_ times, then

\_\_\_\_\_ VBG, blood glucose (BG), Na, K, Cl, urea, creatinine q \_\_\_ h

\_\_\_\_\_ Calcium, phosphate q \_\_\_ h

\_\_\_\_\_ Betahydroxybutyrate (BOHB) q \_\_\_ h

\_\_\_\_\_ Lactate q \_\_\_ h

**ONGOING FLUID MANAGEMENT**

- Add dextrose to IV fluid once BG less than 15 mmol/L OR if BG drops by more than 5 mmol/L in 1 hour (after the first hour)

■ **Fluid rate:**

Weight	Less than 10 kg	10 to less than 20 kg	20 to less than 40 kg	40 kg or more
mL/kg/hr	6.5	6	5	4 (MAX 250 mL/hr)

Time Initial

\_\_\_\_\_ IV 0.9% NS + 40 mmol/L KCl at \_\_\_ mL/hr

\_\_\_\_\_ IV D5W/0.9% NS + 40 mmol/L KCl at \_\_\_ mL/hr

\_\_\_\_\_ IV D10W/0.9% NS + 40 mmol/L KCl at \_\_\_ mL/hr

\_\_\_\_\_ IV 0.9%NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_ mL/hr

\_\_\_\_\_ IV D5W/0.9% NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_ mL/hr

\_\_\_\_\_ IV D10W/0.9% NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_ mL/hr

\_\_\_\_\_ Other \_\_\_\_\_

**SODIUM MANAGEMENT:**

- AFTER first 6 hours, consider reducing sodium to 0.45% NaCl if measured sodium rising and patient hyperchloremic

Time Initial

\_\_\_\_\_ IV D5W/0.45% NS + 40 mmol/L KCl at \_\_\_ mL/hr

\_\_\_\_\_ IV D10W/0.45% NS + 40 mmol/L KCl at \_\_\_ mL/hr

\_\_\_\_\_ IV D5W/0.45% NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_ mL/hr

\_\_\_\_\_ IV D5W/0.45% NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_ mL/hr

\_\_\_\_\_ Other \_\_\_\_\_

**\*\*\* Ensure nurse is aware of page 2 at the time of completion\*\*\* Continued on page 2**

\_\_\_\_\_  
PHYSICIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME OF PHYSICIAN

\_\_\_\_\_  
DATE & TIME

\_\_\_\_\_  
NURSE SIGNATURE

\_\_\_\_\_  
PRINT NAME OF NURSE

\_\_\_\_\_  
DATE & TIME



Canadian Pediatric Endocrine Group  
Groupe canadien d'endocrinologie pédiatrique

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Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Continued from page 1** *Initial on all lines applicable*

**INSULIN:** Do not start insulin until 1 hour after IV fluids have been started (not longer than 2 hours)

Preparation:  Dilute 50 units of regular insulin in 50 mL NS for 1 unit/mL. Flush tubing with 5 mL of insulin solution.

Other: \_\_\_\_\_

Time Initial 0.1 units/kg/hour = \_\_\_\_\_ cc/hour  
 \_\_\_\_\_ 0.05 units/kg/hour = \_\_\_\_\_ cc/hour

**SUSPECTED CEREBRAL INJURY**

▪ If GCS less than 14 and/or irritability in younger children; and/or Cushing's triad: ↑ BP, ↓ HR, ↓ RR

- Move to the Resuscitation area (if in ED) and notify MD
- Call PICU and Endocrinology
- 1:1 Nursing
- Raise head of the bed to 30°
- MD to assess perfusion status. If no signs of hypoperfusion, run IV fluids at 60% of initial rehydration rate

**60% of Initial IV Fluid Rehydration Rates for Suspected Cerebral Edema (use normal saline)**

Weight	< 10 kg	10 to less than 20 kg	20 to less than 40 kg	40 kg or more
mL/kg/hr	3.9	3.6	3	2.4 (MAX 250 mL/hr)

Time Initial  
 \_\_\_\_\_ IV 0.9% NS + 40 mmol/L KCl at \_\_\_\_\_ mL/hr  
 \_\_\_\_\_ IV D5W/0.9% NS + 40 mmol/L KCl at \_\_\_\_\_ mL/hr  
 \_\_\_\_\_ IV D10W/0.9% NS + 40 mmol/L KCl at \_\_\_\_\_ mL/hr  
 \_\_\_\_\_ IV 0.9% NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_\_\_ mL/hr  
 \_\_\_\_\_ IV D5W/0.9% NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_\_\_ mL/hr  
 \_\_\_\_\_ IV D10W/0.9% NS + 20 mmol/L KCl + 20 mmol/L KPhos at \_\_\_\_\_ mL/hr  
 \_\_\_\_\_ Other \_\_\_\_\_

**Consider:**

Time Initial  
 \_\_\_\_\_ **NaCl 3% (hypertonic)** \_\_\_\_\_ mL (5 mL/kg, MAX 250 mL) IV over 15 minutes **\*OR\***  
 \_\_\_\_\_ **Mannitol 200 mg/mL (20%)** \_\_\_\_\_ g (0.5 to 1 g/kg) IV over 15 minutes

_____ PHYSICIAN SIGNATURE	_____ PRINT NAME OF PHYSICIAN	_____ DATE & TIME
_____ NURSE SIGNATURE	_____ PRINT NAME OF NURSE	_____ DATE & TIME

Original Copy – Chart     Copy to Pharmacy