INPATIENT ORDERS for ONGOING MANAGEMENT OF PEDIATRIC DKA

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

Page 1 of 2

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:

<table>
<thead>
<tr>
<th>Weight</th>
<th>Less than 10 kg</th>
<th>10 to less than 20 kg</th>
<th>20 to less than 40 kg</th>
<th>40 kg or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>mL/kg/hr</td>
<td>6.5</td>
<td>6</td>
<td>5</td>
<td>4 (MAX 250 mL/hr)</td>
</tr>
</tbody>
</table>

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
                      IV 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
INPATIENT ORDERS for ONGOING MANAGEMENT OF PEDIATRIC DKA

Age: ______ Weight: ________ Date of weight: _________  Allergies: _____________________________________________

Continued from page 1  

**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: ____________________________________________

<table>
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<tr>
<th>Time</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>0.1 units/kg/hour = ______ cc/hour</td>
</tr>
<tr>
<td>______</td>
<td>0.05 units/kg/hour = ______ cc/hour</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Weight</th>
<th>60% of Initial IV Fluid Rehydration Rates for Suspected Cerebral Edema (use normal saline)</th>
</tr>
</thead>
<tbody>
<tr>
<td>mL/kg/hr</td>
<td>&lt; 10 kg</td>
</tr>
<tr>
<td>______</td>
<td>3.9</td>
</tr>
</tbody>
</table>

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<tr>
<td>______</td>
<td>Other ____________________________________________</td>
</tr>
</tbody>
</table>

Consider:

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<thead>
<tr>
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<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>NaCl 3% (hypertonic) ______ mL (5 mL/kg, MAX 250 mL) IV over 15 minutes <em>OR</em></td>
</tr>
<tr>
<td>______</td>
<td>Mannitol 200 mg/mL (20%) ______ g (0.5 to 1 g/kg) IV over 15 minutes</td>
</tr>
</tbody>
</table>

**PHYSICIAN SIGNATURE**  
PRINT NAME OF PHYSICIAN  
DATE & TIME

**NURSE SIGNATURE**  
PRINT NAME OF NURSE  
DATE & TIME

☐ Original Copy – Chart  ☐ Copy to Pharmacy