



PHYSICIAN'S ORDERS

NAME:
ROOM NO:
(ADDRESS)
HOSP. NO.
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked.

Diabetic Ketoacidosis (DKA) Admission Order Set—Adult

1. Admit: CCU; Inpatient status
2. Diet: NPO except water
3. Activity: Bedrest with assisted BRP
4. Vital Signs: Every hour, with neurological checks every 2 hours while on insulin drip; then every 4 hours
5. I&O: Strict. Foley PRN; initiate Foley Catheter Removal Protocol
6. PICC Line consult Critical Care Medicine consult

7. **Labs and Tests**

- a. Initial STAT: CBC w/diff; UA; ABGs; CMP; Magnesium, Phosphorous, Serum beta hydroxybutyrate; EKG (if not completed in ER).
- b. FSBS every 1 hr
- c. Every 4-hr labs: BMP; Serum beta hydroxybutyrate; Venous pH (green top tube)
Call physician with results until order received to not call.
- d. Daily Morning labs while in CCU: CMP, Calcium, Magnesium, Phosphorus, beta hydroxybutyrate
- e. First Morning labs: Fasting Lipid Profile, TSH, HGB A1C

8. **Electrolyte Replacement**

- a. *If initial K+ < 3.3 mmol/L, BEGIN K+ supplement infusion BEFORE insulin infusion*
- b. If K+ 3.4–4 mmol/L, infuse 40 mEq KCl in 250 mL NS over 4 hours
- c. If Mg⁺⁺ < 1.5 mmol/L, infuse 2 gm Magnesium Sulfate over 2 hours
- d. If Mg⁺⁺ < 1 mmol/L, infuse 4 gm Magnesium Sulfate over 4 hours
- e. If Phosphorous < 1.8 mg/dL, infuse 15 mmol K-Phos over 4 hours
- f. If Phosphorous < 1.2 mg/dL, infuse 30 mmol K-Phos over 4 hours
- g. If arterial pH < 6.9 (initial ABGs), infuse 1 ampule of sodium bicarbonate slow IV Push

9. **IV Solution:**

- a. Initial IVF (if not given in ED): 0.9% Sodium Chloride 1000 mL bolus over 1 hr
- b. Second IVF: 0.45% Sodium Chloride with 20 mEq KCl per 1000 mL at 500 mL/hr. Infuse 2 liters
Note: Do NOT add potassium to IV if serum potassium > 5.0 and no urinary output
- c. Third IVF: 0.45% Sodium Chloride with 20 mEq KCl per 1000 mL at 250 mL/hr. Infuse 2 liters
Note: Do NOT add potassium to IVF if serum potassium >5.0 and no urinary output

10. **Medications**

- Protonix 40 mg IV every 24 hours
- Lovenox 40 mg SubQ every 24 hours, **if CrCl > 30 mL/min** (if not ordered prior)
- Heparin 5,000 units SubQ every 12 hours, **if CrCl < 30 mL/min** (if not ordered prior)

11. **Insulin**

- a. Loading dose: Give 0.15 unit/kg Regular insulin IV push (if not given in ED) and start Insulin infusion, as follows. ● Do not use Glucomander Order Set.
- b. Infusion: Regular Insulin 100 units in 0.9% Sodium Chloride 100 mL (concentration 1 unit/mL). Initiate continuous infusion at 0.1 unit/kg/hr.
- c. Repeat loading dose if blood sugar does not fall at least 10% in first hr

MD Signature: _____ **Date & Time:** _____



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12. Titration

- a. When FSBS < 250 mg/dL,
 1. change IV fluids to D5 0.45% NaCl with 20 mEq KCl/L at 150 mL/hr
 2. Decrease insulin drip to 0.05 units/kg/hr
- b. When FSBS < 200-250 mg/dL and serum HCO₃ > 15:
 1. If current insulin rate > 2 units/ hr:
 - a. Decrease insulin infusion by 50% and
 - b. Continue D5-0.45% NaCl with 20 mEq KCl at 200 mL/hr
 2. If current rate insulin < 2 units/hr
 - a. Change IV fluids to D10 0.45% NaCl with 20 mEq KCl @ 150 mL/hr
- c. If BS < 60 mg/dL, give 50 mL of Dextrose 50%. Decrease insulin drip to ½ of prior infusion rate. Do not stop insulin drip. Change IV fluids to D10W @ 150 mL/hr. Do Accu-check in one hr and call physician with results.

13. Transition to SubQ Insulin

- a. When blood glucose is < 200-250 mg/dL **AND** serum HCO₃ > 15 **AND** anion gap < 12,
 1. Begin SubQ insulin, but do not stop insulin drip yet, as follows.
 - a. Give patient their home Lantus/Levemir (Long acting Insulin) dose if ordered from Medication Reconciliation
 - b. In Insulin naïve patient, give Lantus 0.35 unit/kg SubQ Daily, first dose NOW.
 - c. Start Carb consistent 1800 Kcal diet and let patient eat a meal
 2. Stop IV insulin drip two hours after SubQ insulin has been administered
 3. Begin Moderate dose Sliding Scale Insulin Order Set–Adult.
 4. Decrease IVF to KVO
 5. Nutrition and diabetic education consults

14. CALL PHYSICIAN IF:

- a. Deterioration in Mental Status; OR
- b. K⁺ < 3 or > 6; OR
- c. Two consecutive treatments for hypoglycemia; OR
- d. Increase in Anion Gap

MD Signature: _____ **Date & Time:** _____