

Title: Adult Diabetic Ketoacidosis (DKA) Management

Policy/Procedure #: CCU 9.07, ICU 12.08

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Author: Marybeth Boudreau, PharmD
Clinical Pharmacist Specialist

Tina Closson MSN, RN
Heart Center CNS

Jacqueline Pushard RN, BSN
Assistant Nurse Manager, ICU

Jacqueline Pushard, BSN, RN

Leadership Sponsor:

_____ Edward
Heise, MHA, BSN, RN, NE-BC
AVP, Patient Care Services ED, Critical Care

Final Approver:

_____ J.
McCarthy MD, Lead Physician, EMIC

R. Chavko, MD, Co-Medical Director ICU

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SCOPE:

Adult Critical Care, Emergency Department

RELATED POLICIES/PROCEDURES:

- A. PCD #14.009 Treatment of Adult Patients with Low Blood Sugar
- B. DKA Insulin Calculators—EMMC intranet homepage

DEFINITIONS: None

PURPOSE: To treat patients with DKA in standardized evidence based approach with the goal to decrease time to anion gap closure and ketone clearance.

POLICY:

- A. This protocol is for use only in a critical care setting.
- B. Patients with DKA powerplan orders will be managed with an insulin drip, at minimum, until the anion gap is closed (less than 13 mmol/L).

PROCEDURE:

- A. The DKA Critical Care Adult powerplan is initiated by the physician/AHP.
- B. Ensure patient has 2 large bore IVs or central access.
- C. Blood glucose level will be measured using i-STAT until glucose is less than 500 mg/dL AND anion gap is less than 13mmol/L.
- D. Administer IV fluid bolus and maintenance as ordered.

- E. Access the DKA calculator on the EMMC homepage and enter required information on the DKA START DOSES tab.**
- F. At the DKA START DOSES tab, please enter the most current/recent potassium level and follow the prompts on replacement if needed. If the patient is currently on a Regular Insulin Infusion,**
- G. Administer Regular insulin as ordered and start the IV insulin infusion per the DKA START DOSES tab on the calculator. Do not administer insulin (infusion or bolus dose) unless potassium is greater than 3.2 or actively being replaced.**
- H. Monitor blood glucose hourly or as instructed by the calculator.**
- I. Utilizing the DKA INFUSION CALCULATOR tab, administer insulin bolus doses; adjust the insulin infusion and adjust the Dextrose 5% with 0.45% NaCl infusion. Repeat glucose at instructed interval until anion gap is less than 13mmol/L.**
- J. When the glucose by i-STAT is less than 500 AND anion gap is less than 13 perform bedside glucose monitoring using glucose meter every hour or as directed by DKA calculator.**
- K. Once anion gap is less than 13mmol/L use “protocol” communication type to order the following:**
 - a. Modify diet order to a diabetes diet, 1800 kcal.**
 - b. Discontinue the maintenance fluids subphase.**
 - c. Discontinue DKA lab subphase.**
 - d. Discontinue the Regular Insulin IVP PRN order.**
 - e. Maintain Dextrose 5% with 0.45 % NaCl IV at 100mL/hr until patient eating; then discontinue.**
 - f. Initiate & select Long Acting Insulin (Detemir/Levemir) doses based on time of gap closure.**
 - g. Transition to adult critical care insulin drip protocol, weaning insulin drip to off as able.**
 - h. Discuss conversion to home insulin therapy with rounding Physician.**
- L. Treatment of hypoglycemia will be managed per PCD 14.009, Treatment of Adult Patients with Low Blood Glucose.**

REFERENCES: None

ATTACHMENTS:

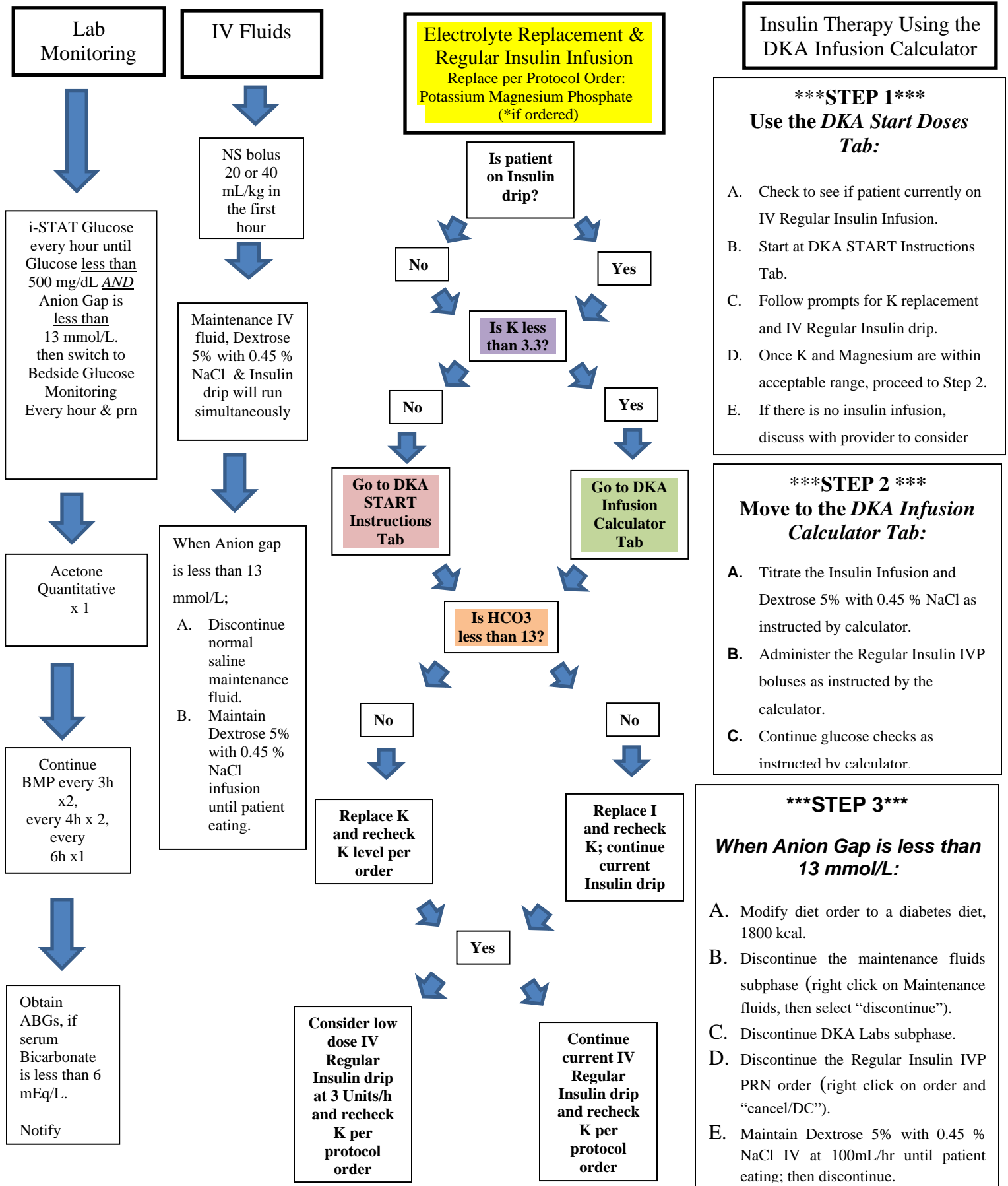
Attachment 1-Adult Critical Care DKA Algorithm

Attachment 2- Network Downtime

Attachment 3- DKA Worksheet

DKA Attachment 1-Adult Critical Care DKA Algorithm

DKA powerplan initiated by provider order
To be used with the DKA Insulin Calculator on the EMMC Intranet site



Network Downtime

A. If a network downtime occurs and the DKA Calculator is not available, the following infusion titration will be used:

Glucose Result	Current Insulin Infusion Rate (units/hour)			D5 ½NS IV Rate
	1 – 5	6 – 10	11 – 16	
Less than 65 mg/dL	Stop Insulin Infusion. Give 25 mL D50 IV. Check glucose in 30 minutes.			250 mL/hr
66 – 90	Decrease Insulin Infusion rate by 50%. Check glucose in 1 hour.			225
91 – 140	No Change	Decrease by 2 units/hour if glucose is falling.		200
141 – 200	Increase infusion 1 by unit/hr		No Change	175
201 – 250	increase infusion by 1 unit/hour	2 units IV bolus and increase infusion by 2 units/hour	4 units IV bolus and increase 3 units/hour	150
251 – 300	6 units IV bolus and increase 1 unit/hour	8 units IV bolus and increase 2 units/hour	8 units IV bolus and increase 3 units/hour	100
301 – 350	8 units IV bolus and increase 1 unit/hour	10 units IV bolus and increase 3 units/hour	10 units IV bolus and increase 4 units/hour	50
351 – 400	10 units IV bolus and increase 2 units/hour	12 units IV bolus and increase 4 units/hour	12 units IV bolus and increase 6 units/hour	OFF
Greater than 400	Notify provider			

Initiate IV- NS Maintenance as ordered (Standard or Reduced Volume)

Standard

- Sodium Chloride 0.9%- 40mL/kg Bolus over 1 hour
- Sodium Chloride 0.9%- 500mL/hr x 4 hours
- Change to Sodium Chloride 0.45% at 150mL/hr thereafter

or

Reduced Volume

- Sodium Chloride 0.9%- 20mL/kg Bolus over 1 hour
- Sodium Chloride 0.9%- 250mL/hr x 2 hours
- Sodium Chloride 0.9%- 125mL/hr x 8 hours
- Call Provider to obtain further IV fluid orders

Ensure lab work is done as ordered

Glucose by i-STAT every one hour unless otherwise instructed by DKA tab

Acetone once _____BMP every 3 hours x 2 , every 4 hours x 2 , every 6 hours x 1

- If serum bicarb less than 6, order ABG and notify the provider.
- Check glucose with I-Stat until Glucose less than 500 AND Anion Gap less than 13, then perform bedside glucose with glucose meter every 1 hour and prn

Replace Electrolytes per protocols.

Do not administer insulin (infusion or bolus dose) unless potassium is greater than 3.2 or actively being replaced.

Please discuss with provider if patient on current insulin infusion and potassium is less than 3.2.

DKA Insulin Calculator-Start Doses Tab

- Give Regular Insulin bolus as instructed
- Start Insulin drip as instructed
- Check glucose in 1 hour

DKA Infusion Calculator Tab -Use this tab every hour unless instructed otherwise

Enter last Anion Gap

Enter hourly glucose result

Enter Insulin infusion Rate

Follow instructions for:

- Regular insulin bolus dose
- Insulin infusion rate
- Dextrose 5% with 0.45% NaCl IV rate

DKA Infusion Calculator Tab When Anion Gap is less than 13

Using "protocol" as communication type –RN will enter the following orders

- A. Modify diet order to a diabetes diet, 1800 kcal
- B. Discontinue the maintenance fluids subphase
- C. Discontinue DKA lab subphase
- D. Discontinue the Regular Insulin IVP PRN order
- E. Maintain Dextrose 5% with 0.45% NaCl IV at 100mL/hr until patient eating; then DC.
- F. Initiate & select Long Acting Insulin (Levemir) doses, based on time of day.
- G. Discontinue DKA Insulin Regular 100 units/100mL
- H. Order Adult Critical Care IV Insulin protocol, weaning IV insulin to off as able.
- I. Discuss conversion to home insulin therapy with rounding Physician.