

ORDERS FOR TREATMENT

☐ **STAT / NOW**

CIRCLE NAME OF DRUG IF A

GENERIC EQUIVALENT IS NOT ACCEPTABLE

DATE	TIME	CRITICAL CARE SERVICES DKA ADMISSION ORDERS (Page 1 of 5)		
		(PLEASE CIRCLE ALL THAT APPLY)		
		1. Admit to: Critical Care Services Inpatient Status		
		Admitting MD:_____Attending MD:_____		
		Change the attending physician in the computer to above		
		2. Diagnosis: Diabetic Ketoacidosis		
		3. Code Status: (circle one)		
		a. Code I		
		b. Limited Interventions:		
		Chest Compressions	Yes	No
		Defibrillation	Yes	No
		Intubation	Yes	No
		Vasopressors	Yes	No
		c. Code II		
		4. Allergies: (list reactions)		
		5. Routine Critical care vitals		
		Respiratory Therapy protocols		
		Daily weights		
		0.9% sodium chloride at 10 ml/hr as needed TKO		
		heparin 2 units/ml as needed for hemodynamic monitoring		
		For central line ports give 0.9% sodium chloride 10 ml IV daily and as needed after each use followed by		
		heparin 300 units in 3 ml		
		For peripheral IV 0.9% sodium chloride 10 ml IV daily and as needed after each use		
		When mechanically ventilated use Chlorhexadine mouth rinse 15 mls twice a day at 1200 and 2400, swab		
		and suction, discontinue when extubated		
		Provider_____Date____/____/____Time____:____Beeper#_____		

Orders not valid without signature, date and time

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PERMANENT CHART
COPY

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		(PLEASE CIRCLE/CHECK ALL THAT APPLY)
		10. Insulin infusion:
		Initiation
		If blood glucose is 150 - 300 mg/dL: 5 units regular insulin intravenously, then 3 units/hr
		If blood glucose is greater than 300 mg/dL: 10 units regular insulin intravenously, then 6 units/hr
		Stabilization
		Goal: Blood glucose should fall by 50 - 100 mg/dL every hour until blood glucose less than 250
		Blood glucose every one hour
		If blood glucose decrease less than 50 mg/dL then increase insulin infusion by 2 units per hr
		If blood glucose decrease greater than 100 mg/dL then decrease insulin infusion by 2 units per hr
		When blood glucose less than 250 mg/dL move to maintenance
		Maintenance
		Change IV fluids to glucose containing as in #9c or call MD
		Goal: maintain blood glucose 150 - 250 mg/dL until acidosis resolved
		Blood glucose every 2 hrs unless otherwise indicated
		If blood glucose greater than 250 mg/dL increase insulin infusion by 2 units per hr; blood glucose in one hr
		If blood glucose 150 - 250 mg/dL no change in insulin infusion
		If blood glucose 100 - 150 mg/dL decrease insulin infusion by 2 units per hr
		If blood glucose 60 - 100 mg/dL hold insulin infusion; blood glucose in one hr
		If blood glucose less than 60 mg/dL hold insulin infusion and follow hypoglycemia orders per Critical care insulin infusion protocol
		If insulin infusion dose greater than _____ units per hour then call MD
		Provider _____ Date ____/____/____ Time ____:____ Beeper# _____
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		(PLEASE CIRCLE/ CHECK ALL THAT APPLY)
		11. Pulmonary
		a. Incentive spirometer or EzPap per RT protocol as able
		b. Other orders:
		12. Analgesic/Sedation
		a. morphine sulfate _____ to _____ mg IV every _____ hrs as needed for severe pain
		b. midazolam (VERSED) _____ to _____ mg IV every _____ hrs as needed for anxiety
		13. Activity:
		a. As tolerated
		b. Other:
		14. Place foley now or place foley if _____
		Record urine output every 4 hrs, no urine call level unless indicated below
		a. Call if urine output less than 2 ml/kg (IBW) in 4 hrs
		b. Call if urine output:
		15. Place gastric tube
		a. Clamp gastric tube, empty stomach and record residuals every 4 hrs
		b. Gastric tube to low suction.
		16. Diet:
		a. NPO
		17. DVT Prophylaxis
		a. Heparin 5000 units subcut every 8 hrs
		b. Sequential Compression Devices
		Provider _____ Date ____/____/____ Time ____:____ Beeper# _____
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		(PLEASE CIRCLE/CHECK ALL THAT APPLY)
		18. Medications:
		a. labetalol 20 - 60 mg IV every 3 hrs as needed for systolic blood pressure greater than 160. Use first for hypertension.
		b. hydralazine 10 - 40 mg IV every 3 hrs as needed for systolic blood pressure greater than 160
		c. acetaminophen 650 mg orally every 4 hrs as needed for discomfort
		d. famotidine (PEPCID) 20 mg IV every _____ hrs
		e. ondansetron (ZOFTRAN) 4 mg IV every 6 hrs as needed for nausea, use first.
		19. Lab monitoring
		a. Potassium level every _____ hours
		Call if Potassium is less than 2.5 or greater than 5
		b. Basic Metabolic Panel every _____ hours
		Call if sodium is less than 135 or greater than 145.
		c. Phosphate and magnesium every _____ hrs
		d. Other:
		20. Morning Labs
		a. In AM: serum ketones
		b. In AM: CBC, renal panel, magnesium, ionized calcium
		c. In AM: CBC
		d. In AM: renal panel, magnesium
		e. In AM: ABG, ionized calcium
		f. In AM: CXR Indication: _____
		g. In AM:
		Provider _____ Date ____/____/____ Time ____:____ Beeper# _____
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