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	ME OF DRU	T IS NOT ACCEPTABLE
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DATE	TIME	CRITICAL CARE SERVICES DKA ADMISSION ORDERS (Page 1 of 5)
		(PLEASE CIRCLE ALL THAT APPLY)
		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
<u> </u>		Provider Date / / Time · Beener#

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-	DATE	TIME	CRITICAL CARE SERV	ICES DKA ADMISSION ORDERS (Page 2 of 5)
			(PLEA:	SE CIRCLE ALL THAT APPLY)
_			6. Labs now, or add to recent labs, if not d	one in ED
			000	

(PLEASE CIRCLE ALL THAT APPLY)
6. Labs now, or add to recent labs, if not done in ED
a. CBC b. Renal Panel, magnesium c. Serum ketones
d. ABG, ionized ca e. Troponin
f. Blood cultures x 2 g. UA, urine GS and culture and sensitivity
h. CXR: Indication: DKA, assess for evidence of pneumonia as trigger Indication:
i. 12 lead EKG Indication:
j. Other:
7. If Potassium less than 3.3 then give 500 ml of 0.9% sodium chloride with 20 mEq of KCL IV over one hour and
recheck Potassium level; repeat process until Potassium is greater than 3.3 and then proceed with standard
CCS electrolyte replacements. If hanging the fourth 500 ml cocktail with 20 of KCL then call MD
8. In addition to KCL in #7, if patient able to take orally give KCL every 4 hrs for K 3.7 or less.
If K 3.0 - 3.7 give 20 mEq KCL orally every 4 hrs
If K is less than 3 give 40 mEq KCL orally every 4 hrs
9. IV Fluids:
awithmEq of KCL/liter atml/hr for
then change towith mEq of KCL/liter atml/hr for
then change towith mEq of KCL/liter atml/hr for
bathr
c. When blood glucose less than 250 mg/dL then change IVF to D5at
d. Monitor CVP
e. Fluids per CVP
If CVP greater thanTKO
If CVPtothenml/hr
If CVPtothenml/hr
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If CVP less thanthenml/hr
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GENERIC EQUIVALENT IS NOT ACCEPTABLE			
DATE	TIME	CRITICAL CARE SERVI	CES DKA ADMISSION ORDERS (Page 3 of 5)
		(PLEASE C	IRCLE/CHECK ALL THAT APPLY)
		10. Insulin infusion:	
		10. Insulin infusion: Initiation	

(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 thanunits per hour then call MD
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GENERIC E	QUIVALEN	IT IS NOT ACCEPTABLE
DATE	TIME	CRITICAL CARE SERVICES DKA ADMISSION ORDERS (Page 4 of 5)
		(PLEASE CIRCLE/ CHECK ALL THAT APPLY)
		11. Pulmonary
_		a. Incentive spirometer or EzPap per RT protocol as able
b. Other orders:		b. Other orders:
		12. Analgesic/Sedation
		a. morphine sulfatetomg IV everyhrs as needed for severe pain
		b. midazolam (VERSED)tomg IV everyhrs 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

DKA Admission Orders

Provider__

_Date___/___/___Time___:___Beeper#__

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GENERIC E	EQUIVALEN	T IS NOT ACCEPTABLE	
DATE	TIME	CRITICAL CARE SERVI	CES DKA ADMISSION ORDERS (Page 5 of 5)
		(PLEASE C	IRCLE/CHECK ALL THAT APPLY)
		18. Medications:	
		a. labetalol 20 - 60 mg IV every 3 hrs a	as needed for systolic blood pressure greater than 1

	101 1110310410110
	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 everyhrs
	e. ondansetron (ZOFRAN) 4 mg IV every 6 hrs as needed for nausea, use first.
	19. Lab monitoring
	a. Potassium level everyhours
	Call if Potassium is less than 2.5 or greater than 5
	b. Basic Metabolic Panel everyhours
	Call if sodium is less than 135 or greater than 145.
	c. Phosphate and magnesium everyhrs
	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:
	ProviderDate/Time:Beeper#
	Orders not valid without signature, date and time