

ALLERGIES \_\_\_\_\_ ACTUAL BODY WEIGHT (kg) \_\_\_\_\_ IDEAL BODY WEIGHT (kg) \_\_\_\_\_

ADMIT TO:  ED  ACCU  PCU  Med/Surg  Telemetry      DIAGNOSIS:  DKA  HHS  
 ATTENDING: \_\_\_\_\_ SERVICE: \_\_\_\_\_      RESIDENTS: Handset/Pager \_\_\_\_\_

**LABS AND TESTS**

Q1H POC Glucose     BMP, Magnesium, Phos Q \_\_\_ H      $\beta$ HB     CBC     Urinalysis     ECG     Chest X-ray

**IV FLUIDS (2 BAG FLUID SYSTEM)**

**RESUSCITATION FLUID**

IV Bolus \_\_\_\_\_ Liter(s) of 0.9% NaCl over \_\_\_\_\_ hours (see reverse page for recommendations)

**MAINTENANCE (see GLUCOSE LEVELS table below for infusion rate): Choose one of the following**

POTASSIUM  $\leq$  5 mEq/L (see ELECTROLYTES section for potassium supplement)

(CAUTION: if significant renal insufficiency, consider fluid without potassium)

Bag A: 0.45% NaCl with 20mEq KCl/L **and**  Bag B: D10W / 0.45% NaCl with 20mEq KCl/L

POTASSIUM  $>$  5 mEq/L

Bag A: 0.45% NaCl **and**  Bag B: D10W / 0.45% NaCl

**Bag A and Bag B are connected to 2 different IV pumps & connected to each other via Y-site, to be administered through 1 IV line.**

**Choose/must check one of the following:** (Adjust fluid rate based on glucose level shown below with Q1H POC Glucose)

DKA IV FLUID ADJUSTMENT

GLUCOSE LEVELS (mg/dL)	<input type="checkbox"/> Standard		<input type="checkbox"/> Custom	
	Bag A	Bag B	Bag A	Bag B
Greater than 250	250 mL/hr	0 mL/hr	_____ mL/hr	_____ mL/hr
Between 200 – 250	125 mL/hr	125 mL/hr	_____ mL/hr	_____ mL/hr
Less than 200	0 mL/hr	250 mL/hr	_____ mL/hr	_____ mL/hr

HHS IV FLUID ADJUSTMENT

GLUCOSE LEVELS (mg/dL)	<input type="checkbox"/> Standard		<input type="checkbox"/> Custom	
	Bag A	Bag B	Bag A	Bag B
Greater than 300	250 mL/hr	0 mL/hr	_____ mL/hr	_____ mL/hr
Between 250 – 300	125 mL/hr	125 mL/hr	_____ mL/hr	_____ mL/hr
Less than 250	0 mL/hr	250 mL/hr	_____ mL/hr	_____ mL/hr

**INSULIN**

Hold insulin IV if K  $<$  3.5 mEq/L at anytime and inform physician

(if required may infuse potassium chloride up to 20 mEq/hr via central line with continuous cardiac monitoring in critical care areas)

Bolus Insulin Regular (0.1 Units/kg) \_\_\_\_\_ units IVP (do NOT give insulin bolus unless initial fluid resuscitation complete)

Insulin Regular 100 Units/100 mL NS IV infusion at (0.1 Units/kg/hr) \_\_\_\_\_ units/hr (see reverse page for recommended adjustment)

When BG  $<$  300 (for HHS) or if BG  $<$  250 (for DKA) reduce insulin rate to \_\_\_\_\_ units/hr (50% of initial dose) and **DO NOT TITRATE** until BG $<$ 150 (Once insulin is decreased, Bags A & B are the only drips titrated)

If BG  $<$  150, reduce insulin rate by 50% (inform physician)

If BG  $<$  100, hold insulin and check BG in 15 minutes x 1, then q 30 minutes x 2 (inform physician)

**ELECTROLYTES**

POTASSIUM: K  $\leq$  3.5 mEq/L:  40 mEq KCl PO or NG x 1     40 mEq KCl in 250 mL NS IVPB over 4 hours

Check K level 2 hours after administration and inform physician with result

MAGNESIUM: Mg  $\leq$  1.4 mEq/L:  Magnesium Sulfate 2 gm IVPB over 2 hours     Magnesium Chloride 2 gm IVPB over 2 hours

Check Magnesium level 2 hours after administration and inform physician with result

PHOSPHATE: Phos  $\geq$  1 mEq/dL AND  $<$  1.5 mEq/dL:  PhosNaK 2 packets PO x 1     Potassium phosphate 20 mmol IVPB over 4 hours

Sodium phosphate 20 mmol IVPB over 4 hours

Phos  $<$  1 mEq/dL:  Potassium phosphate 30 mmol IVPB over 6 hours     Sodium phosphate 30 mmol IVPB over 6 hours

Check Phos level 2 hours after administration and inform physician with result

**For Severe Metabolic Acidosis: see STEP 5 on reverse page for Sodium Bicarbonate Replacement Recommendations**

Date/Time: \_\_\_\_\_ Physician Signature: \_\_\_\_\_ Printed Physician Name/Pager: \_\_\_\_\_

Riverside County Regional Medical Center

**ADULT NON-PREGNANT DIABETIC KETOACIDOSIS (DKA)  
 HYPERGLYCEMIC HYPEROSMOLAR SYNDROME (HHS)  
 PHYSICIAN'S ORDERS**