



**Pediatric ICU
Diabetic Ketoacidosis**

- Directions: 1. Indicate choice when options are available by placing a check in the box
 2. Mark through entire line any prechecked item you ***do not*** wish to order ~~mark through~~

Attending Physician: _____ Diagnosis: _____
 Observation Status Admission for Inpatient Care Admit or transfer to: _____ Unit

ALLERGIES: NKA **ALLERGIC to:** _____

Weight in kilograms: _____

VITAL SIGNS:

- Vital signs every 1 hour
 Neurological checks every 1 hour
 Other: _____

ACTIVITY:

- Bed rest
 Bed rest with bathroom privileges
 Other: _____

DIET:

- NPO
 Other: _____

IV SOLUTIONS:

- Sodium Chloride 0.9% IV infuse at _____ ml/hour
 Sodium Chloride 0.9% with **potassium chloride** 15 mEq/liter and **potassium phosphate** 15 mEq/liter IV infuse at _____ ml/hour x 1 liter when serum potassium less than or equal to 5.5 mEq/L
 Sodium Chloride 0.9% with **potassium chloride** 30 mEq/liter IV infuse at _____ ml/hour
 Dextrose 5% and Sodium Chloride 0.9% with **potassium chloride** 30 mEq/liter IV infuse at _____ ml/hour for blood sugar less than 250 mg/dL but greater than 200 mg/dL
 Dextrose 5% and Sodium Chloride 0.45% with **potassium chloride** 30 mEq/liter IV infuse at _____ ml/hour and Dextrose 10% and Sodium Chloride 0.45% with **potassium chloride** 30 mEq/liter IV infuse at _____ ml/hour for blood sugar less than 200 mg/dL but greater than 150 mg/dL
 Dextrose 10% and Sodium Chloride 0.45% with **potassium chloride** 30 mEq/liter IV infuse at _____ ml/hour for blood sugar less than 150 mg/dL
 Other: _____

MEDICATIONS:

- Mannitol** 1 gram/kg = _____ gram IV for seizure x 1, call for further orders
 Dextrose 25% 2-4 ml/kg = _____ ml IV push for seizure/unresponsiveness with blood sugar less than 60 mg/dL and notify Physician
 Sodium Chloride 0.9% 500 ml with **regular insulin** 500 units IV infuse at 0.1 units/kg/hour = _____ ml/hour

Patient Identification



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PATIENT CARE:

- POC glucose every 1 hour
- Strict intake and output

LABORATORY:

- CBC with Differential
- CCP (complete chemistry profile)
- BMP (basic metabolic panel) every 2 hours x 2 days
- Blood gas ___ ABG (arterial blood gas) ___ VBG (venous blood gas) ___ CBG (capillary blood gas)
- Blood gas ___ ABG (arterial blood gas) ___ VBG (venous blood gas) ___ CBG (capillary blood gas) repeat every ___ hours x ___

CONSULTS:

- Consult Pediatric Endocrinology; indication: DKA
- Consult Dietician; indication: DKA evaluation
- Diabetic teaching; indication: DKA
- Other: _____

COMMUNICATION:

- Call Primary Service for blood sugar less than 60 mg/dL or greater than 400 mg/dL
- Call Primary Service if blood sugar drops faster than 100 mg/dL
- Call Primary Service for serum potassium less than 3 mEq/liter
- Call Primary Service for change in neurological status, confusion, elevated blood pressure, decreased heart rate

ADDITIONAL ORDERS:

Physician _____ Pager _____ Date ___ / ___ / ___ Time: _____

Verbal Order Verification Signature _____ Date ___ / ___ / ___ Time: _____

****SCAN PHYSICIAN SIGNATURE PAGE FIRST TO PHARMACY****

Patient Identification