If Patient is not in DKA, consult with patient’s endocrinologist

If BG < 250 mg/dL and pH<7.30 or HCO3 <15, please call the patient’s endocrinologist

NO

*Blood Glucose >250mg/dL AND
*pH < 7.30 or
*HCO3 <15 with elevated anion gap or
*ketones in the urine

YES

Order Regular Insulin at 0.1 units/kg/hour
(< 5 years age 0.05 U/kg/hour) as a continuous infusion with Fluids A &/or B.

Do NOT give a bolus of Insulin

Call 878-7888 for medical direction and Transfer

Start second IV, place on cardiac monitor.

Glucose level > 300
Fluid A runs at 1.5x maintenance.

Glucose level 200-300
Fluid A and Fluid B are 1:1 at rate of 1.5x maintenance.

Glucose level < 200
Fluid B runs at 1.5x maintenance

D-stick every hour, adjust fluids as indicated based on serum glucose levels.

Fluid A: 0.9% NS + 20 mEq/L KCl
Fluid B: D10 NS + 20 mEq/L KCl

1.5 x Maintenance Fluids
10 kg = 60 cc/hr
20 kg = 90 cc/hr
30 kg = 100 cc/hr
40 kg = 120 cc/hr
> 50 kg = 150 cc/hr

Pediatric ICU Admission Guidelines
Age < 5 years
Any serum pH < 7.10
HCO3 < 6
Initial serum glucose > 1000 mg/dL
Mental Status changes
Cardiovascular instability
Respiratory Insufficiency

Transfer to OCH
Call 878-7888

Pediatric STAT Team should transport

Known or Suspected DKA?

*Order D-stick, CBC, VBG, BMP with liver enzymes, UA
*Keep patient NPO
*Start initial fluid bolus 20 cc/kg of 0.9% Normal Saline
*Do NOT give a bolus of Insulin
If patient is on an insulin pump, please disconnect it.