

# Diabetic Ketoacidosis Pathway for Transferring Facilities

Known or Suspected DKA?

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

\*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.

If BG < 250 mg/dL and pH < 7.30 or HCO<sub>3</sub> < 15, please call the patient's endocrinologist

NO

\*Blood Glucose > 250mg/dL AND  
 \*pH < 7.30 or  
 \*HCO<sub>3</sub> < 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

**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

D-stick every hour, adjust fluids as indicated based on serum glucose levels.  
 VBG, BMP, urine dip Q 2 hr  
**Transfer to OCH**  
**Call 878-7888**

**Pediatric STAT Team should transport**

## Pediatric ICU Admission Guidelines

Age < 5 years  
 Any serum pH < 7.10  
 HCO<sub>3</sub> < 6  
 Initial serum glucose > 1000 mg/dL  
 Mental Status changes  
 Cardiovascular instability  
 Respiratory Insufficiency

