Diabetic Ketoacidosis (DKA)

Objectives:
Correct abnormal glucose homeostasis.\(^1\)
Correct patient’s hydration status.\(^2\)
Maintain insulin/glucose balance along with the correction of acidosis.\(^2\)
Implement patient and/or family teaching to provide understanding of disease process and management.\(^2\)
Prevent complications related to diabetic ketoacidosis.

Process Standards:

1. Assessment of the patient will be performed and documented every at least 4 hours.
   A. Level of consciousness, respiratory status, skin turgor, and presence of nausea will be assessed.
   B. Obtain lab work as ordered every 1 – 2 hours (glucose and electrolytes) with notification of MD for abnormal values.\(^1\)
   C. ABG will be obtained per physician order.

2. Begin insulin infusion per volumetric pump as ordered per MD, titrating to prescribed parameters of glucose.\(^2\)

3. Dextrosticks every 1 hour or as ordered with notification of MD for glucose >200 mg% or as ordered. BMP every 2 hours as ordered.

4. Administer IV fluids and electrolyte supplements as ordered with notification of MD when glucose <250mg% for possible addition of D5W to IV fluids.

Note: \textbf{D}_{5}W \textbf{shall never be bolused} if D5W is needed in more than maintenance amount. \textbf{D}_{10} or \textbf{D}_{50} will be given accordingly to dosage/administration guidelines.

5. Provide baseline assessment of volume status or more frequently as condition warrants.

6. Monitor acid/ base status (pH, HCO\(_3\)) as ordered and notify physician of progress.

7. Monitor vital signs at least every hour or more frequently as condition warrants.

8. Document clinical S/S DKA in baseline assessment if present (polyuria, polydypsia, postural hypotension, acetone “fruity” breath, Kussmaul respirations, lethargy, abdominal pain, N/V, dysrhythmias).\(^2\)

9. Document baseline integrity of skin with interventions when necessary.\(^2\)
10. Observe for S/S on underlying infection.

11. Maintain accurate Intake and Output.

12. Patient maintained NPO or per physician orders until DKA resolves.

13. Assess and document current self-knowledge level, current insulin dosage, length of time diagnosed with diabetes, concurrent problems, and history of onset for current problems.²


**Outcome Standards:**

At time of discharge/transfer from ECC

1. The patient will be free of complications related to DKA prior to transfer/discharge from the ECC.

2. A Diabetic Education Consult will be obtained for the patient upon discharge.

**Reference:**


