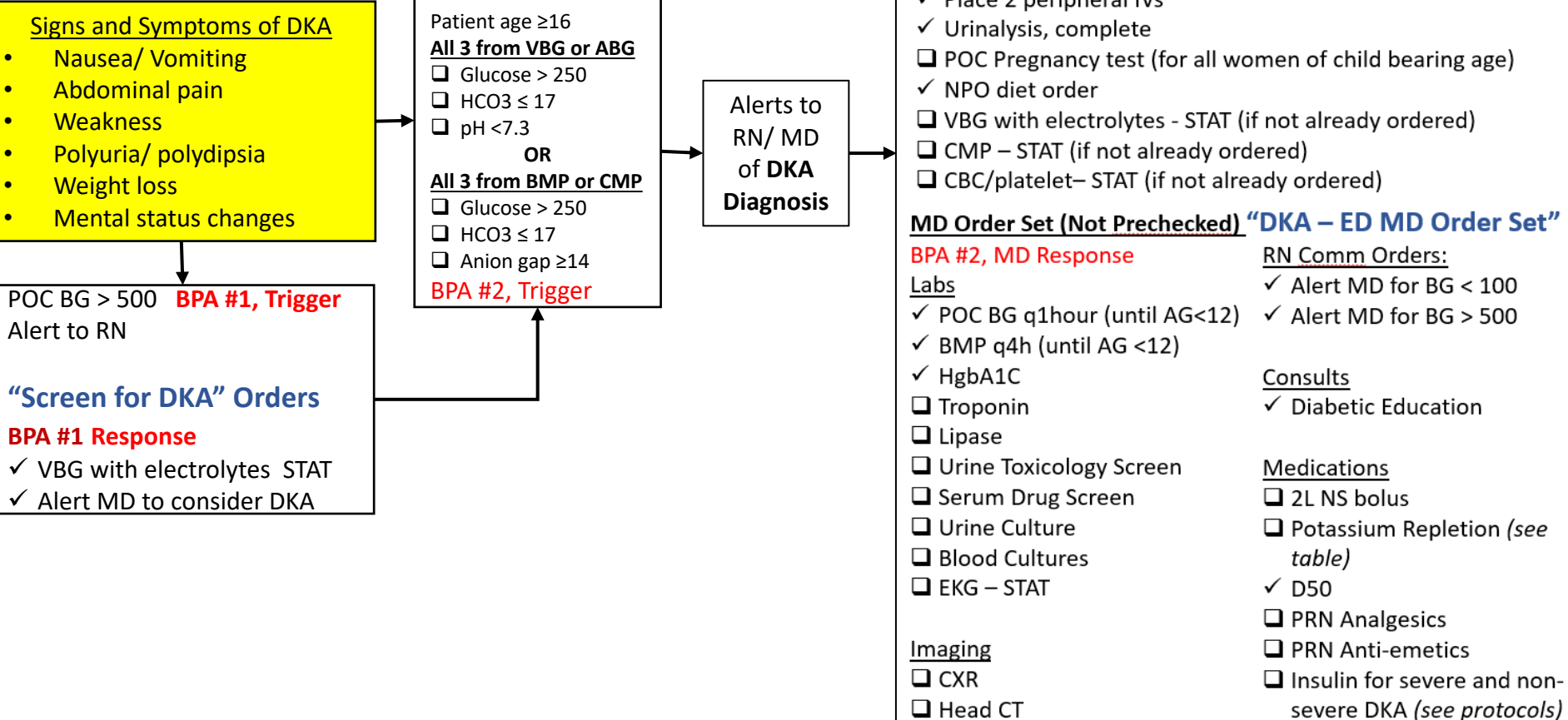


Diabetic Ketoacidosis (DKA) Pathway



BPAs (Alerts) Overview:

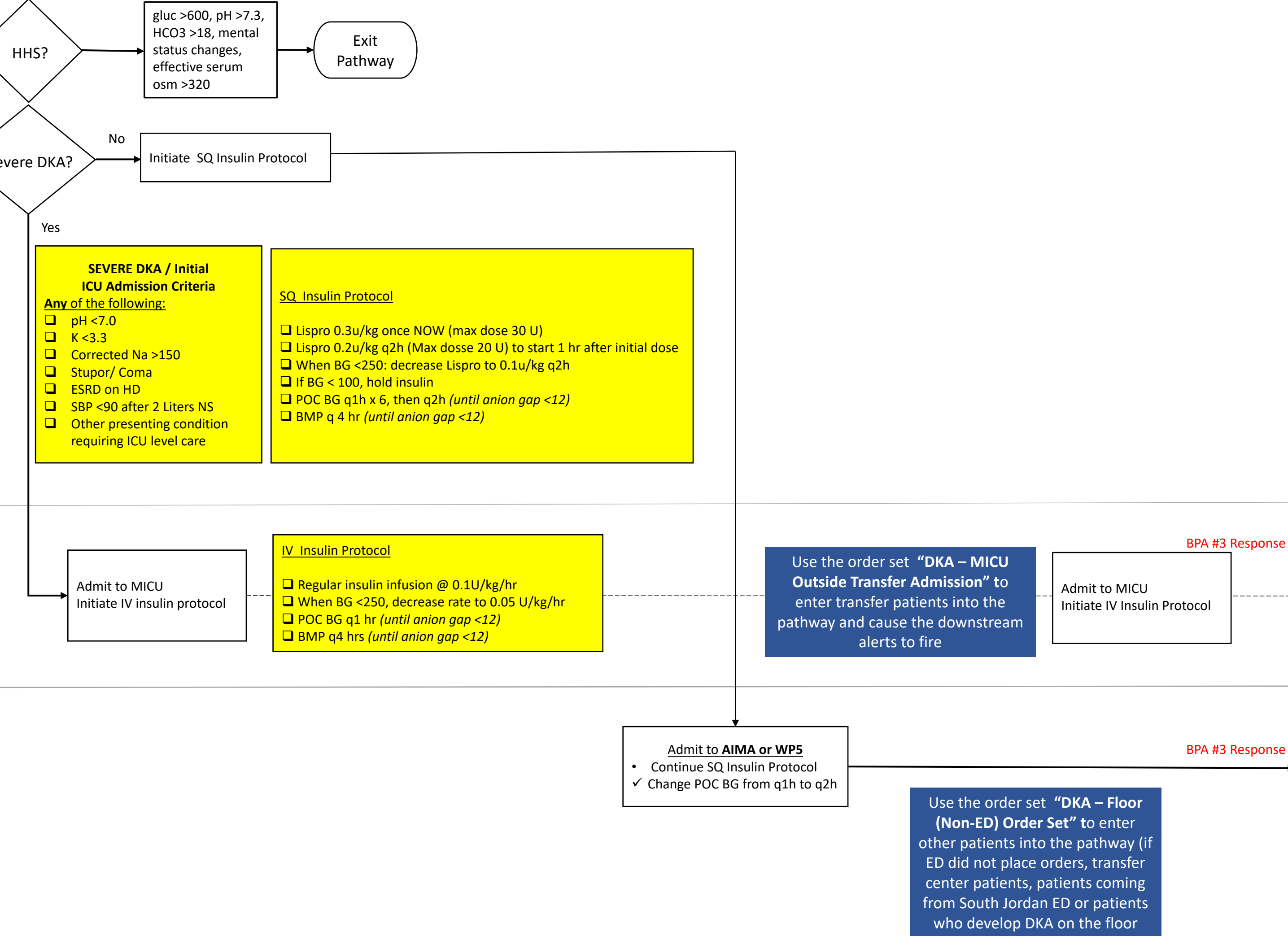
- #1 Screen for DKA
- #2 Diagnosis of DKA
- #3 Resolution of Hyperglycemia
- #4 Anion Gap Closure

Key Points:

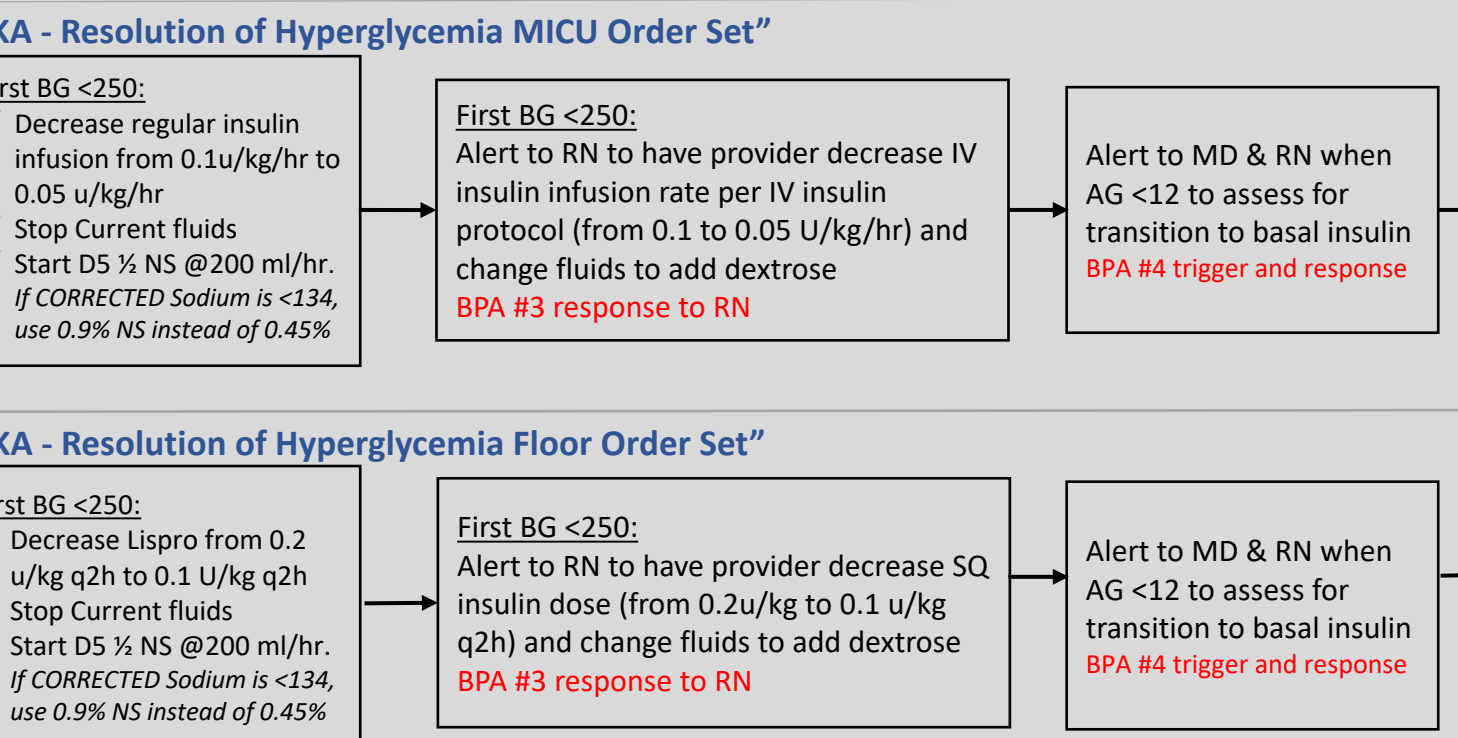
- BPAs will only fire in patients coming through the main ED
 - NOT from South Jordan ED
 - NOT transfer center patients
 - NOT patients who develop DKA after admission
- Patients admitted to floor MUST go to AIMA or WP5 ONLY!

Potassium Repletion:			
Potassium Level	GFR ≥ 30 ml/min	For GFR < 30 ml/min	Maximum Rate of IV Replacement
<3.3	HOLD INSULIN Give 80 mEq	HOLD INSULIN Give 40 mEq	Peripheral: 10 mEq/hour
3.3-4	Give 40 mEq	Give 20 mEq	
4.1-5	Give 20 mEq	Give 10 mEq	
>5	No replacement	No replacement	Central: 20 mEq/hour
Give magnesium sulfate 2 grams IV x 1 with 1 st potassium replacement			

IV Infusion (after initial 2L bolus)	
Corrected sodium level	
Sodium ≥ 135	0.45% Sodium Chloride -250 ml/hour x 8 hours then -125 ml/hour x 8 hours
Sodium < 134	0.9% Sodium Chloride -250 ml/hour x 8 hours then -125 ml/hour x 8 hours
When BG < 250 mg/dL stop currently running IV fluid and change to D5 ½ NS @ 200 ml/hour	



Resolution of Hyperglycemia (BG <250) BPA #3 Trigger

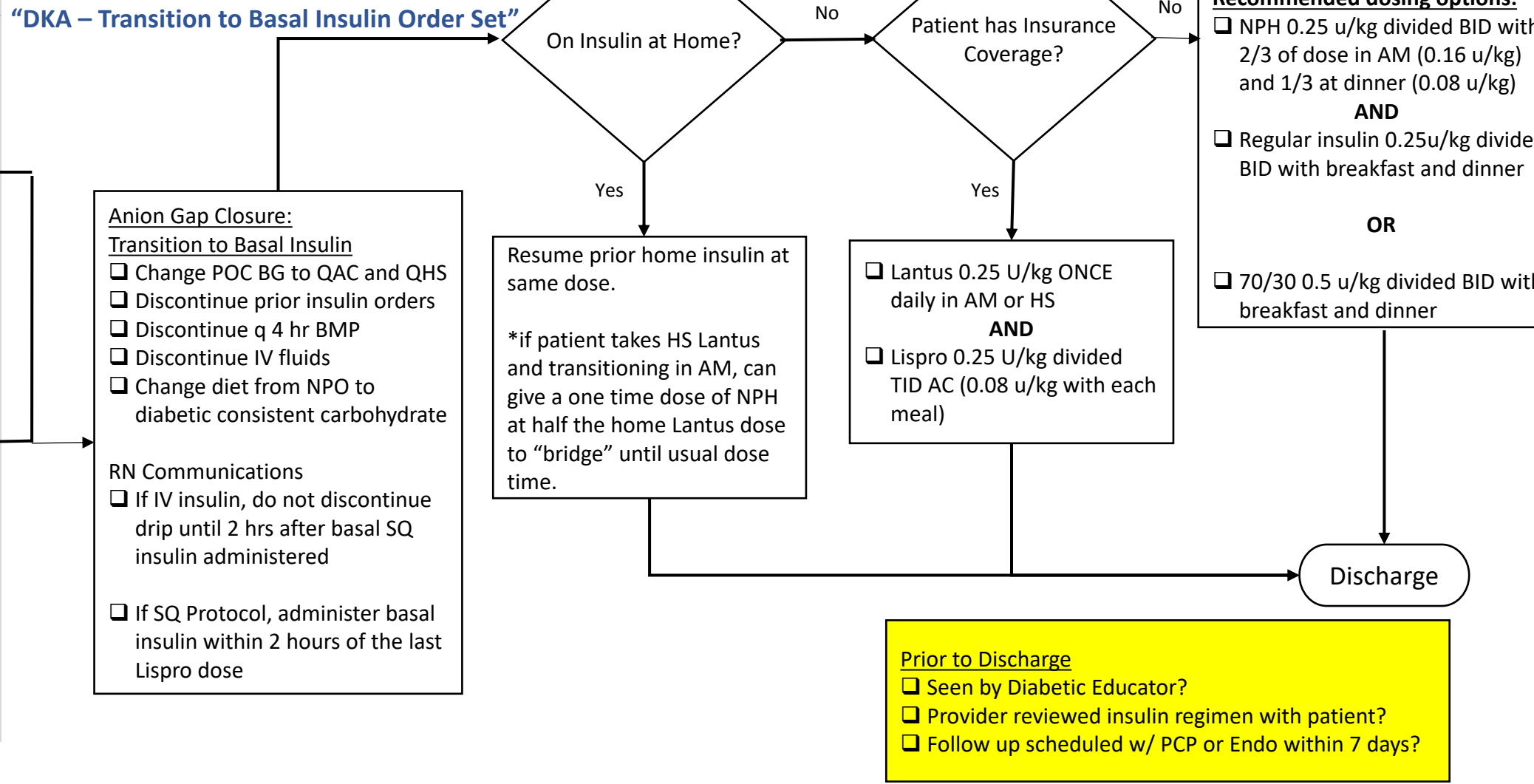


Meets Criteria for Transition to Basal Insulin (AG <12) BPA #4 trigger

Criteria for Transition to Basal insulin

Ideally Meets All Criteria:

- Able to take PO
- BG <300
- AG <12 &/or HCO3 >18
- Time of Day (patient’s can be transitioned outside this time frame based on provider discretion, but care should be taken as to timing of basal insulin)
 - 6AM-12PM
 - 6PM-12AM



* Blue text reflects names of order sets