
SJS PEDIATRIC ORDER SET

DKA Admission

General

- Care of this patient will include :
- Height (HT)
- Weight (WT) daily if less than 12 months of age
- Measure head circumference if less than 12 months of age

Admit

- Pt. Status: Admit as Inpatient

Requested location:

- Pediatrics
- Pediatric IMC
- Pediatric ICU

Vital Signs

- Vital signs (VS) every 1 hour
- Vital signs (VS) every 4 hours

Activity

- Bedrest
- Up ad lib

Nursing Orders

- Tolerate rise in glucose up to 300 mg/dL after increase in IV dextrose
 - Initiate Topical Lidocaine protocol for painful procedure
 - Telemetry
 - Assess neurologic status every hour [Evidence](#)
 - Intake and output (IO) every hour [Evidence](#)
 - POC: Glucose every hour (Target serum glucose : 150-250 mg/dL) [Evidence](#)
- POC: Urine dipstick for ketones
 - every hour until result reads negative X 2 (if patient has foley)
 - with every void until result reads negative X 2
 - with every void if serum glucose is greater than 300 mg/dL
- Foley catheter insert for obtunded, developmentally delayed, or very young only
- Nursing med instructions:
 - Contact provider after initial NS bolus infusion complete with assessment
 - Obtain IV fluid rate orders after provider notification of POC glucose and/or potassium results
- Notify provider
 - of every POC glucose result until stable or instructed to cease notification
 - of every potassium result until stable or instructed to cease notification
 - of every VBG result until stable or instructed to cease notification
 - of any pulse oximeter reading less than 92%
 - Specify other parameters: _____
 - Notify primary care provider

Respiratory

- Pulse oximetry
 - continuous
 - with vitals
- Oxygen per nasal cannula to maintain SpO2 greater than or equal to 92%

Providers: In order to satisfy CMS regulations, PLEASE INITIAL:
Any changes made to the pre-printed or defaulted orders; and
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Diet

- Pediatric - NPO diet
- 1 ounce of ice chips every 1 hour

Laboratory

- CBC w differential [Evidence](#)
- Basic metabolic prof (BMP)
 - now
 - every 4 hours until insulin infusion discontinued
- Compr. metabolic prof (CMP)
- Hemoglobin A1c
- Phosphorus [Evidence](#)
- Magnesium (Mg)
- POC : ABG (arterial) blood gas [Evidence](#)
 - now
 - every 2 hours until pH is greater than 7.3 or insulin infusion discontinued
- POC : VBG (venous) blood gas [Evidence](#)
 - now
 - every 2 hours until pH is greater than 7.3 or insulin infusion discontinued
- POC : CBG (capillary) blood gas [Evidence](#)
 - now
 - every 2 hours until pH is greater than 7.3 or insulin infusion discontinued
- Urinalysis (UA) [Evidence](#)
- Urine culture
- Straight catheter for specimen collection - if appropriate
- Urine pregnancy test on non prepubertal females

IV Fluids

- Total IV fluids in the first 24 hours, including initial bolus, not to exceed 4 L / m² / 24 hours. If initial IV fluid boluses total greater than 20 mL/Kg at transition to fluids below, rates for post transition fluids of less than 3 L/m²/day may be appropriate
- 10 mL/Kg bolus can be repeated if clinically indicated on post bolus assessment. Call provider to assess.
- After boluses are complete, transition to IV fluids as follows based on potassium level.

- IV Access instructions: maintain 2 sites

Sodium Chloride 0.9% IV

- BOLUS: 10 mL/kg intravenously once over 20 mins and reassess

Initial serum potassium less than 4 mEq / L

- Sodium Chloride 0.9% IV with 30 mEq KCL & 20.5 millimole (30 mEq) potassium phosphate in 1000 mL continuous infusion @ ____ mL/hr (rate to be calculated at 3 L / m² / 24 hours)
- Dextrose 10%-0.9% Sodium Chloride IV with 30 mEq KCL & 20.5 millimole (30 mEq) potassium phosphate in 1000 mL continuous infusion @ ____ mL/hr (rate to be calculated at 3 L / m² / 24 hours)

Initial serum potassium greater than or equal to 4 mEq / L

- Sodium Chloride 0.9% IV with 20 mEq KCL & 13.6 millimole (20 mEq) potassium phosphate in 1000 mL continuous infusion @ ____ mL/hr (rate to be calculated at 3 L / m² / 24 hours)
- Dextrose 10%-0.9% Sodium Chloride IV with 20 mEq KCL & 13.6 millimole (20 mEq) potassium phosphate in 1000 mL continuous infusion @ ____ mL/hr (rate to be calculated at 3 L / m² / 24 hours)

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Initial serum potassium greater than or equal to 5.5 mEq / L and / or no void since presentation

- Sodium Chloride 0.9% IV with no additives continuous infusion @ _____ mL/hr (rate to be calculated at 3L / m² / 24 hours)
- Discontinue IV fluids once potassium is less than 5 mEq/L and patient has voided and initiate fluid as per potassium criteria above

Nursing med instructions :

- If on full D10 and insulin drip reduced as below, and blood sugars below 150, further reductions in insulin infusion by 0.02 u/Kg increments are appropriate under direction of provider
 - Contact provider after initial NS bolus infusion complete with assessment
 - Obtain IV fluid rate orders after provider notification of POC glucose and/or potassium results
 - Once serum glucose is below 250 mg/dL : decrease IV NS with KCL infusion to half prior rate and start IV infusion of D10NS with KCL at same rate as NS with KCL
 - Discontinue current IV fluids once potassium is less than 5 mEq/L and patient has voided
 - While on NS with KCL and D10NS with KCL mixed IV infusions, once glucose is below 200 mg/dL discontinue NS with KCL infusions and continue D10NS KCL infusions at twice the previous rate
 - While only on D10NS, if serum glucose less than 150 mg/dL, continue D10NS with KCL IV infusion at current rate AND decrease insulin infusion by 0.02 units/kg/hr
 - If all steps in IV and insulin titration above completed, and glucose less than 150 mg/dL, call MD for instruction

Medications

- Recommended dosing instructions for new onset diabetics OR known diabetics who have missed most recent glargine (LANTUS) dose: If patient presents during afternoon or evening, give glargine (LANTUS) at 8pm. If patient presents between 8pm and midnight, give glargine (LANTUS) immediately. If patient presents after midnight, give glargine (LANTUS) at 8 am. If patient presents between 8am and noon, give glargine (LANTUS) immediately. Start Lantus WHILE STILL ON CONTINUOUS INSULIN INFUSION.
- If known diabetic, start home glargine (LANTUS) routine WHILE STILL ON CONTINUOUS INSULIN INFUSION. (If home glargine (LANTUS) dose is above 0.8units/kg notify endocrinologist for possible dose adjustment.)

insulin regular in 0.9% NS - 100 units/100 mL NS (1 unit/mL)

- 0.1 unit/kg per hour continuous intravenous infusion
- glargine (LANTUS) (known diabetic)
- ___ unit subcutaneously once a day at _____
- glargine (LANTUS) (new onset and Prepubertal: calculate 0.3 units/kg/day - give in whole unit increments)
- ___ unit subcutaneously once a day at _____
- glargine (LANTUS) (new onset and Postpubertal: calculate 0.5 units/kg/day - give in whole unit increments)
- ___ unit subcutaneously once a day at _____

Additional Medications

ranitidine (ZANTAC)

- 1 mg/kg intravenous piggyback every 8 hours (maximum dose 50 mgs)

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Consults

- Physician consult to endocrinologist
- Pharmacy consult
- Diabetes educator
- Social worker consult
- Dietician consult
- Child life consult

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Sign, date, & time the final page in the space provided below

Signature: _____ **Date:** _____ **Time:** _____
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