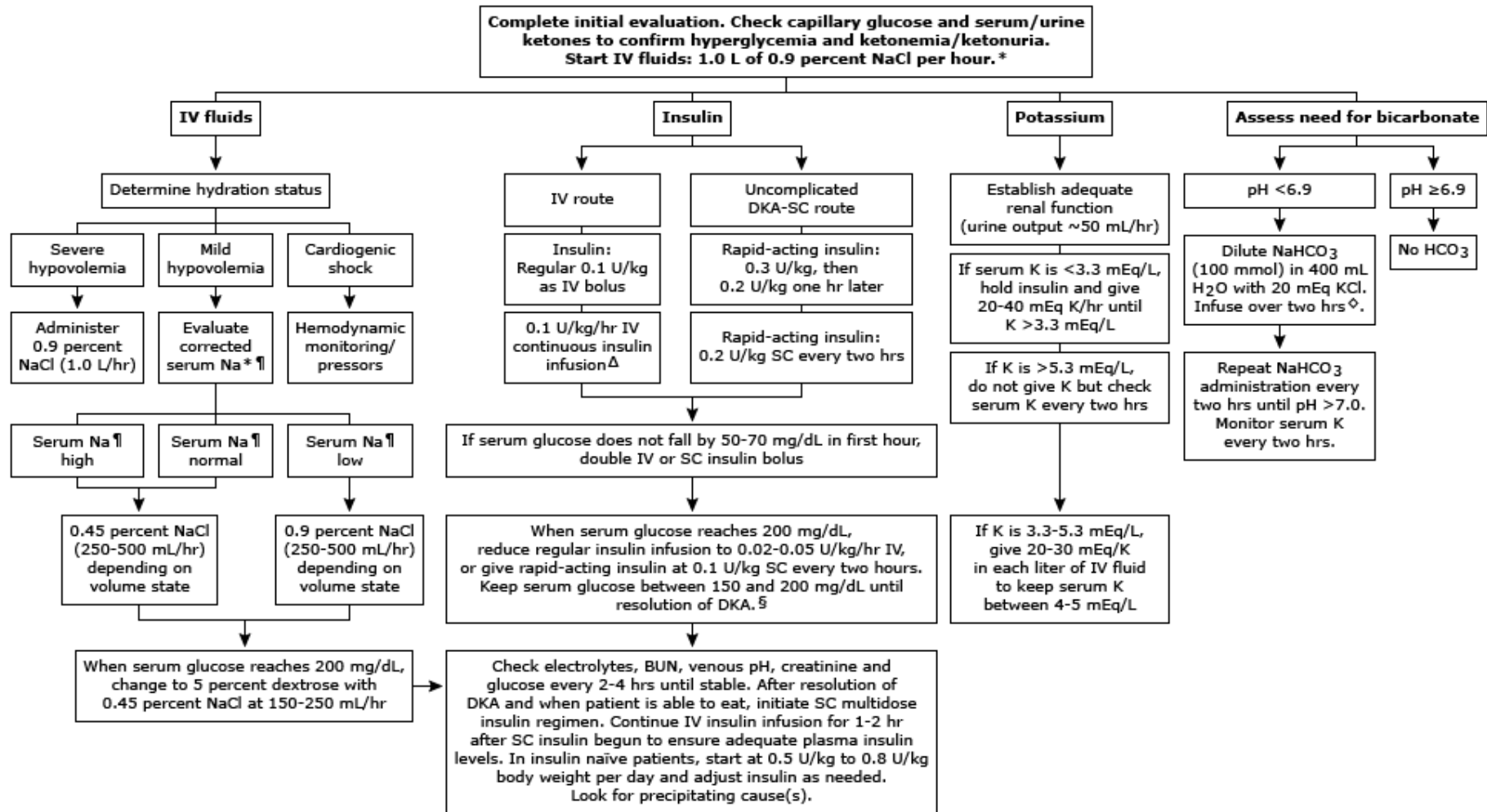


DKA Protocol for Adults, From UptoDate.com

A better order for this: IVFs, Potassium, Insulin, then assess need for bicarbonate.



DKA diagnostic criteria: Serum glucose >250 mg/dL, arterial pH <7.3, serum bicarbonate <18 mEq/L, and at least moderate ketonuria or ketonemia.

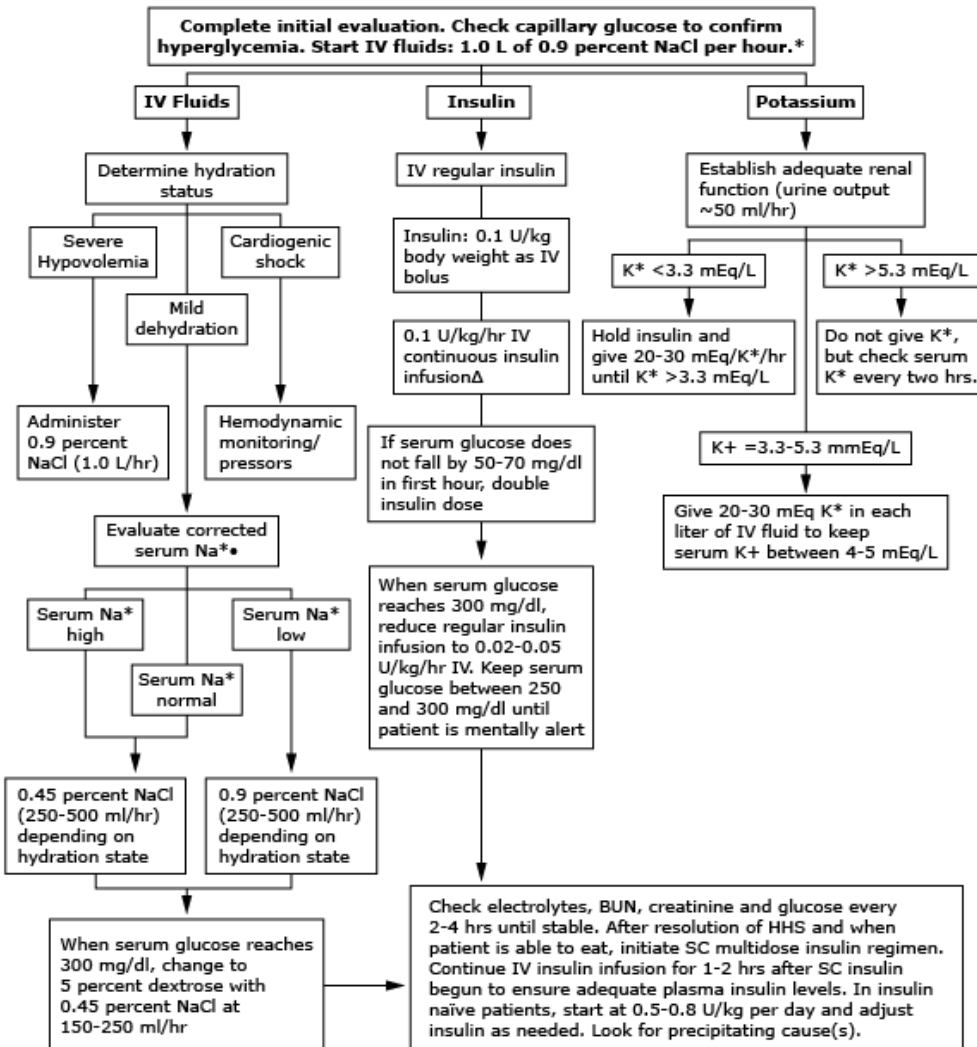
After H&P, get capillary glucose and serum or urine ketones. Begin one liter of 0.9 percent NaCl over one hour and draw ABG, CBC with diff, UA, serum glucose, BUN, electrolytes, chemistry profile, and creatinine levels STAT. Get ECG, CXR, and BCx, as needed.

Serum Na⁺ should be corrected for hyperglycemia (for each 100 mg/dL glucose >100 mg/dL, add 2.0 mEq to sodium value for corrected serum sodium value).

An alternative IV insulin regimen is to give a continuous intravenous infusion of regular insulin at 0.14 units/kg/hour; at this dose, an initial intravenous bolus is not necessary.

100 mmol sodium bicarbonate = 100 mEq sodium bicarbonate.

HHS Protocol for Adults, from Uptodate.com. HHS=hyperosmolar hyperglycemic state



HHS diagnostic criteria: serum glucose >600 mg/dL, arterial pH >7.3, serum bicarbonate >15 mEq/L, and minimal ketonuria and ketonemia.

* After H& P, obtain capillary glucose and serum or urine ketones (nitroprusside method). Begin one liter of 0.9 percent NaCl over one hour and draw AGB, CBC with diff, UA, serum glucose, BUN, electrolytes, chemistry profile and creatinine levels STAT. Get ECG, CXR, and BCx, as needed.

• Serum Na⁺ should be corrected for hyperglycemia (for each 100 mg/dL glucose >100 mg/dL, add 2.0 mEq to sodium value for corrected serum sodium value).

Δ An alternative IV insulin regimen is to give a continuous intravenous infusion of regular insulin at 0.14 units/kg per hour; at this dose, an initial intravenous bolus is not necessary.