PHYSICIAN'S ORDER
(EXCLUDING IV Fluids and MEDICATIONS)

PEDIATRIC
DIABETIC KETOACIDOSIS ORDERSET

VITAL SIGNS/ MONITORING:
☐ Vital Signs every hour while on insulin drip
☐ Vital Signs every 2 hours

Neurological Checks:
☐ Neuro checks every hour while on insulin drip
☐ Neuro checks every 2 hours
☐ Neuro checks every 4 hours
☐ Place patient on cardiorespiratory monitor while on insulin drip and until discontinued.
☐ Pulse oximetry continuous

Notify provider:
☐ Notify provider for decrease in mental status or Glasgow coma scale from baseline
☐ Notify provider temperature less than 96F or greater than 100.4F
☐ Notify provider for abnormal Vital Signs (based on PALS age specific guidelines)
☐ Notify provider if oxygen initiated and document room air SpO2
☐ Notify provider if O2 required is FIO2 over 50% via mask and/or more than 2L via nasal cannula in age less than 2 years
☐ Notify provider if temperature is greater than 101F
☐ Notify provider if urine output is <1mL/kg/hr or no urine output for > 6 hours
☐ Notify provider if no BM >2 days
☐ Notify provider if loose BM > 10x in infants

Notify provider DKA specific:
☐ Blood glucose less than 100 mg/dL
☐ Blood glucose decrease of greater than 100mg/dL in 1 hour

Continued on next page, >>>>>>>>

INTRAVenous FLUID and MEDICATION ORDERS

ALLERGY (describe allergic reaction):
☐ NKDA

IV FLUIDS
☐ Sodium chloride 0.9%, 20ml/kg IV bolus over 30 minutes. Finish fluid resuscitation before beginning pathway fluids/insulin infusions.
☐ Two bag system: Before starting this IVF pathway, notify physician if serum potassium is greater than 5.5mmol/dL, or patient has not voided since admission (to avoid potassium toxicity).
  ☐ Bag 1: NaCl 0.9% 1000mL with K Acetate 20meq/L and K phos 20 meq/L
  ☐ Bag 2: Dextrose 10% and NaCl 0.9% 1000mL with K acetate 20 meq/L and K phos 20 meq/L

Physician’s Initials

Physician’s Order Form
PEDIATRIC DIABETIC KETOACIDOSIS PROTOCOL
Guam Memorial Hospital Authority
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Revised: 10/9/18 Approved: Peds 7/19, P&T 9/19, ED 8/21, SCC 9/21, MEC 9/21, HIMC 11/21
Form# CPOE-91
PHYSICIAN’S ORDER  
(EXCLUDING IV Fluids and MEDICATIONS)

- Blood glucose decrease of greater than 50mg/dL in 1 hour x 2 hours when blood glucose greater than 200mg/dL despite insulin gt therapy
- Serum potassium less than 3.5 or greater than 5 mmol/L
- Serum sodium less than 135 or greater than 145 mmol/dL
- Others

ACTIVITY:
- Activity as tolerated
- Ambulate every 6 hours
- Bed Rest
- Bed Rest with Bathroom privileges
- Elevate Head of Bed

NURSING:
- Apply sequential compression device to both legs, remove for 1 hour each shift.
- Insert peripheral intravenous access.
- Point of Care Testing glucose every 1 hour while on insulin drip.
- Fall precautions
- Seizure precautions
- Aspiration precautions
- Spinal precautions/Clearance
- Measure weight upon admission
- Measure height upon admission
- Measure head circumference for patient less than 3 years of age
- Strict intake and output (I/O) every 1 hour
- Oral Care: antiseptic oral rinse mouth swab, brush teeth.
- Insert Nasogastric Tube (NGT)
- Insert Orogasttric Tube (OGT)
- GT care-Tube type:__________
  Tube care: flush with ________ amount
  ____ ml every ____ hours
- Insert Indwelling Urinary Catheter
- Remove urinary catheter in 2 days from insertion unless otherwise specified by physician.
- Discontinue urinary catheter
- Apply cooling blanket

INTRAVENTOVUS FLUID and MEDICATION ORDERS

ALLERGY (describe allergic reaction):
- NKDA

- Infusion rate:

<table>
<thead>
<tr>
<th>Plasma Glucose</th>
<th>Bag 1</th>
<th>Bag 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 250</td>
<td>2 maintenance rate (100%)</td>
<td>0</td>
</tr>
<tr>
<td>200-249</td>
<td>1 maintenance rate (50%)</td>
<td>1 maintenance rate (50%)</td>
</tr>
<tr>
<td>150-199</td>
<td>0.5 maintenance rate (25%)</td>
<td>1.5 maintenance rate (75%)</td>
</tr>
<tr>
<td>Less than 150</td>
<td>0</td>
<td>2 maintenance rate (100%)</td>
</tr>
</tbody>
</table>

GENERAL MEDICATIONS

- Acetaminophen oral solution 10-15 mg/kg/dose PO every 4 hours as needed for fever greater than 100.4F, or discomfort or mild to moderate pain
- Acetaminophen suppository 10-15 mg/kg/dose PR every 4 hours as needed for fever greater than 100.4F or discomfort or mild to moderate pain
- Ondansetron 4mg/2ml injection. 0.15mg/kg/dose IV every 8 hours as needed for nausea and vomiting

INSULIN

- Regular Insulin 100 units in NS 100ml continuous infusion
- Maintain at insulin drip at 0.1units/kg/hr (physician order required for titration of above infusion based on blood glucose result)
- Do NOT titrate insulin infusion

DO NOT USE:
- U
- IU
- MS
- MSO4
- Q.D.
- MgSO4
- Q.O.D.
- Trailng zero
- Lack of leading zero

Physician’s Initials

PATIENT ID LABEL

Physician’s Order Form

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ITEMS WITH BOXES/PARENTHESES MUST BE CHECKED TO BE ORDERED. Orders that have been changed (additions, deletions, or strike outs) must be initialed by the ordering MD for the order to be valid.

PHYSICIAN’S ORDER (EXCLUDING IV Fluids and MEDICATIONS)

DIET:
- NPO
- NPO except medications
- Clear liquid diet
- Soft Diet (start with next meal).
- Diabetic Diet (start with next meal)
- Renal Diet (start with next meal)
- Protein restricted diet
- Can start diet once nausea and vomiting resolve

LABORATORY:
- Do not repeat labs if already performed in the emergency department with the exception of BMP or Chem 7.
- Chem 7 every 4 hours while on insulin drip
- CBC with differential
- CBC
- Basic Metabolic Panel (BMP)
- Comprehensive Metabolic Panel (CMP)
- Magnesium level
- Phosphorus level
- Hemoglobin A1C
- HCG, qualitative if female patient is older than 10 years of age
- Venous or capillary blood gas
- Urinalysis (UA) with every void to monitor urine ketones.
- Urinalysis every 4 hours to monitor urine ketones for patient with Foley catheter.

RADIOLOGY/DIAGNOSTICS:
- Chest X-ray one view with portable
- CT Head W/O contrast. STAT

INTRANEOUS FLUID and MEDICATION ORDERS

ALLERGY (describe allergic reaction):
- □ NKDA

- Hold insulin drip if serum glucose less than 100mg/dL or mental status deterioration AND call MD STAT
- Target blood glucose decline 50-100 mg/dL/hr until the final goal of blood glucose of 100-200 mg/dL with reversal of ketoacidosis
- Begin IVF and insulin orders after initial fluid resuscitation completed

SUBCUTANEOUS INSULIN FOR MEAL TIMES (once nausea and vomiting resolves and started on diet)
- □ Regular insulin ___units SQ QAC 30 min prior to meals (usual dose 0.1-0.15 units/kg/dose)
- □ Lispro/Aspart/Glulisine ___units SQ QAC 0-15 min prior to meals (usual dose 0.1-0.15 units/kg/dose)

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Summary/Blanket orders are unacceptable.
Medication orders must be complete.
PRN medication orders must include an indication.
Write legibly.
Rewrite orders upon transfer and/or post-operatively.
Date, time, and sign verbal & telephone orders within 48 hours.

DO NOT USE:
- U
- IU
- MS
- IU
- MSO₄
- Q.D.
- MgSO₄
- Q.D.
- Trailing zero
- Lack of leading zero

Physician’s Initials

PATIENT ID LABEL
**Physician’s Order Form**

**PEDIATRIC DIABETIC KETOACIDOSIS PROTOCOL**

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### PHYSICIAN’S ORDER

**EXCLUDING IV Fluids and MEDICATIONS**

*FOR NEW ONSET DIABETICS*

- **Diagnostic Labs**
  - Glutamic acid decarboxylase (GAD 65) Antibody
  - TSH
  - Zinc Transporter Antibody
  - C peptide
  - Islet Cell Antibody
  - Insulin Antibody

**CONSULTS:**

- Endocrinology Consult
- Nutrition Consult
- Social Work Consult

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### INTRAVENOUS FLUID and MEDICATION ORDERS

**ALLERGY (describe allergic reaction):**

- □ NKDA

**Physician (Print):** ___________________________

**Physician (Signature):** ___________________________

**Date:** ________________ **Time:** ________________

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**SUMMARY OF ORDER REQUIREMENTS:**

- Summary/Blanket orders are unacceptable.
- Medication orders must be complete.
- PRN medication orders must include an indication.
- Write legibly.
- Rewrite orders upon transfer and/or post-operatively.
- Date, time, and sign verbal & telephone orders within 48 hours.

**DO NOT USE:**

- U  MS
- IU  MSO₄
- Q.D.  MgSO₄
- Q.O.D.  Trailing zero
- Lack of leading zero

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**PATIENT ID LABEL**