

(place patient label here)

Patient Name: _____



Order Set Directions:

- > (✓) - Check orders to activate: Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____ Allergies: _____

EDPED DKA Initial Treatment

Version 2 8/18/15

General

- This pediatric order set is intended for use in patients greater than 12 month through 17 years of age and less than 50 kilograms with Severe DKA (HCO₃ less than 10; dehydration greater than 10%)
- Admit patients at risk for cerebral edema or with severe DKA to the ICU

Consult Provider

- Consult Pediatric Hospitalist within first hour (Call hospital operator to page on call provider)

Nursing Orders

- Vital signs per unit standard
- Vital signs non unit standard _____
- Measure (NOT STATED) Weight in KG
- Assess neurologic status including Glasgow Coma Scale: every hour and following each fluid bolus
- Glucose, blood, point-of-care measurement : Now then hourly and following each fluid bolus
- Intake and output STRICT Document all I/O including fluids administered prior to arrival
- IF admitted with an insulin infusion pump physically remove the pump, tubing and subcutaneous catheter at start of insulin infusion

IV/ Line Insert and/or Maintain

- Peripheral IV insert/maintain x 1; Place second IV if patient is in shock

IV Fluids - Bolus (Phase 0)

For patient NOT in shock

- If moderately dehydrated 10 mL/kg bolus over one hour (Edit volume and rate) Select:
Sodium Chloride 0.9% IV
 - _____ milliliter intravenously 10 mL/kg BOLUS Now, infuse over 60 minutes; repeat neuro check following bolus
- If severely dehydrated 10 mL/kg bolus over 30-60 minutes (Edit volume and rate) repeat as needed to restore normal circulation to max of 30 mL/kg Select:
Sodium Chloride 0.9% IV
 - _____ milliliter intravenously 10 mL/kg BOLUS Now, infuse over 30- 60 minutes; Neuro check following bolus; May repeat as directed by provider to max of 30 mL/kg

For patient in OVERT SHOCK ONLY

- Patients who receive greater than 40 mL/kg are at increased risk of cerebral edema. Use extreme caution when selecting the following:
- If in overt shock give 20 mL/kg bolus rapidly (Edit volume and rate) repeat as needed to restore normal circulation to max of 30 mL/kg Select:
Sodium Chloride 0.9% IV
 - _____ milliliter intravenously 20 mL/kg BOLUS Now, infuse over 20 minutes; Notify provider if shock persists after bolus infused; Neuro check with GCS and physical exam following bolus; May give second bolus of 10 mL/kg as directed by provider to max of 30 mL/kg

Laboratory

- | | |
|---|--|
| <input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL | <input checked="" type="checkbox"/> BETA-HYDROXYBUTYRATE, BLOOD |
| <input checked="" type="checkbox"/> MAGNESIUM LEVEL, PLASMA | <input checked="" type="checkbox"/> GLYC-HEMOGLOBIN (HGB A1C) |
| <input checked="" type="checkbox"/> PHOSPHORUS LEVEL, PLASMA | <input checked="" type="checkbox"/> Blood gas study Arterial or Venous |

Provider Signature: _____ Date: _____ Time: _____