

# PHYSICIAN'S ORDERS

**DRUG ALLERGIES**

ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED UNLESS CHECKED

USE NAME PLATE OR PRINT PATIENT ID HERE

Date & Time Ordered	ORDERS AND SIGNATURE	Signature of Physician and Nurse attending order
	<p><b>Protocol for Diabetic Ketoacidosis (DKA) Or Hyperglycemic Hyperosmolar Non-Ketotic Coma</b></p> <p><b><u>Critical Nurse Thinking for DKA Patients</u></b></p> <ol style="list-style-type: none"> <li>1. Insulin is required to correct DKA. Blood sugar monitoring is only a necessary side show.</li> <li>2. Fluid resuscitation should occur first. DKA patients are usually profoundly dehydrated.</li> <li>3. All DKA patients are Hypokalemia and will need replacement. If you give K<sup>+</sup> before the acidosis starts to correct, you can make your patient dangerously high in K<sup>+</sup>. If you wait until the acidosis resolves, the K<sup>+</sup> returns to intercellular space and your patient may become dangerously low. Make sure the patient has urine output before adding K<sup>+</sup> to IV.</li> <li>4. CO<sub>2</sub> , Anion gap, urine ketones (venous pH if needed) are used to monitor treatment success, NOT THE BLOOD SUGAR.</li> </ol> <p><b><u>Nursing:</u></b> Admit to cardiac monitored bed; if CO<sub>2</sub> is less than 10, ICU admission is required. Vital signs every two hours until insulin pump is discontinued or for 8 hours. Check blood sugar by Accu-check and test urine ketones immediately on admission and a blood sugar each hour; <b>the goal is to obtain a blood sugar of 120 to 200 mg/dl.</b> Check urine for ketones with each voiding until negative for ketones. Foley catheter as needed. Oxygen at 2L/minute as needed at the nurses discretion. I&amp;O</p> <p><b><u>Diet:</u></b> NPO When sugar and electrolytes are stabilized and patient is without gastrointestinal distress, may give sips of clear liquid containing sugar.</p> <p><b><u>Activity:</u></b> Up to bed side commode or chair only with assistance.</p> <p><b><u>Laboratory/Diagnostic Studies:</u></b> STAT complete blood count, basic metabolic panel, urinalysis on admission Repeat the basic metabolic panel every two hours times two, then every four hours times two</p> <p><b><u>Medications:</u></b> (Note: IBW is Ideal Body Weight)</p> <ol style="list-style-type: none"> <li>1. 1<sup>st</sup> Liter: Normal Saline to run @ _____ ml/hour Add KCL _____ meq/KPO<sub>4</sub> _____ mmol to the above solution</li> <li>2. 2<sup>nd</sup> Liter: Normal Saline to run @ _____ ml/hour Add KCL _____ meq/KPO<sub>4</sub> _____ mmol to the above solution</li> <li>3. Pepcid 20 mg IV every twelve hours.</li> <li>4. If the blood sugar is greater than 500mg/dl, give _____ units of Humulin R Insulin IV push (recommended 0.1 units/kg of IBW) one time only. Do not to exceed 10 units. Recheck blood sugar in 15 to 30 minutes.</li> <li>5. Then begin Humulin R insulin, 50 units in 50 ml of Normal Saline in a syringe pump to run IV piggy back below the filter. Run @ _____ ml/hr (recommended 0.1units/Kg of IBW).</li> </ol>	<p><b>page 1 of 2</b></p>

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	<p><b>CONTINUE MONITORING HOURLY BLOOD SUGARS</b></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>←</p> <p>If blood sugar decreases 50 to 100 mg/dl per hour , then</p> <p>continue current insulin rate</p> </div> <div style="text-align: center;"> <p>↓</p> <p>If blood sugar does not decrease 50 to 100 mg/dl/hour , then</p> <p>increase insulin infusion by 1 unit greater per hour</p> </div> <div style="text-align: center;"> <p>→</p> <p>If blood sugar decreases greater than 100 mg/dl/hr, then</p> <p>decrease insulin infusion by 1 to 2 units less per hour</p> </div> </div>	
	<p>6. When the blood sugar falls to 250 mg/dl or 1/2 of the admitting blood sugar, begin D5 1/2 NS or D10W @____/hour. Add KCL____ meq/KPO<sub>4</sub> _____ mmol to the above solution</p> <p>7. When the blood sugar is less than 120 mg/dl, stop the syringe pump; recheck blood sugar in 1/2 of an hour. If the blood sugar is above 120 mg/dl restart the syringe pump at 1 to 2 units less per hour.</p> <p>8. If the blood sugar remains less than 120 mg/dl for greater than 30 minutes, change to D<sub>10</sub>W with potassium as noted in line 6. Then resume Insulin drip at 1-2 units less per hour. Do not leave insulin drip off for greater than 30 minutes. If blood sugar remain less than 120, notify the physician.</p> <p>9. Use routine hypoglycemia orders.</p> <p>10. When starting the Subcutaneous insulin, give first dose 20 to 30 minutes before discontinuing syringe pump IV insulin.</p> <p>11. Discontinue the telemetry when syringe pump is discontinued if cardiac condition permits.</p>	
	<p>_____ Physician Signature</p> <p style="text-align: right;">_____ Date/Time</p>	
	<p>Approved Medical Committee 1-22-03 Approved by Medical Staff 1-23-03</p>	<p><b>page 2 of 2</b></p>