



Physician Orders PEDIATRIC: LEB ED Hx of DKA with Hyperglycemia Plan

LEB ED Triage Hx of DKA w Hyperglycemia

Non Categorized

Criteria for use: Patients less than 18 years of age with known or suspected Diabetes Mellitus and blood glucose greater than 300mg/dL.(NOTE)*

Vital Signs

- Vital Signs
T;N, Stat, q1h(std)

Patient Care

- Neurochecks
T;N, Stat, once
- Bedside Glucose Nsg
T;N, Stat, q1h(std)
- IV Insert/Site Care LEB
T;N, Stat, q2h(std)
- Cardiopulmonary Monitor
T;N Stat, Monitor Type: CP Monitor

Respiratory Care

- ISTAT POC (RT Collect)
T;N Stat q1h(std) For 4 occurrence, Test Select VBG | AnGap | BUN (ED Only) | Electrolytes | Glucose | Hct and Hgb, Special Instructions: EC8 (VBG) until pH greater than 7.2 and Osmolality less than 330.

Laboratory

- CMP
STAT, T;N, once, Type: Blood
- Beta-Hydroxybutyrate
STAT, T;N, once, Type: Blood
- Osmolality Serum
STAT, T;N, once, Type: Blood
- CBC
STAT, T;N, once, Type: Blood
- Magnesium Level
STAT, T;N, once, Type: Blood
- Phosphorus Level
STAT, T;N, once, Type: Blood
- Urinalysis w/Reflex Microscopic Exam
STAT, T;N, once, Type: Urine

NOTE: If new DKA- order Genetic Profile below and it must be obtained prior to start of insulin.(NOTE)*

- C-Peptide Pediatric
STAT, T;N, once, Type: Blood





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- ICA 512 Antibody
STAT, T;N, once, Type: Blood
- Glutamic Acid Decarboxylase Autoantibody Ped
STAT, T;N, once, Type: Blood
- Insulin Level Pediatric
STAT, T;N, once, Type: Blood

ED DKA Two-Bag Calculations Phase

Patient Care

- ED DKA Two-Bag Calculations
T;N, ED Two-Bag Calculations form for ED

LEB ED Hx of DKA w Hyperglycemia Phase

Non Categorized

- Powerplan Open

Food/Nutrition

- Clear Liquid Diet
Start at: T;N
Comments: do not force PO intake

Patient Care

- Neurochecks
 - T;N, Stat, q1h(std) (DEF)**
 - T;N, Stat, q2h(std)*
 - T;N, Stat, q4h(std)*
- Intake and Output
 - T;N, Stat, q1h(std) (DEF)**
 - T;N, q2h(std)*
- Indwelling Urinary Catheter Insert-Follow Removal Protocol
T;N
- Replogle (NGT)
 - T;N, Suction Strength: To Gravity (DEF)**
 - T;N, Suction Strength: Low Intermittent*

Respiratory Care

- Oxygen Delivery
T;N Stat, Special Instructions: Titrate to keep O2 sat => 95%. Wean to room air

Continuous Infusion

- Sodium Chloride 0.9%
1,000 mL, IV, STAT, mL/hr
- Sodium Chloride 0.9% Bolus





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- 20 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus) (DEF)*
- 10 mL/kg, IV, once, STAT, (infuse over 15 min), (Bolus)
- 10 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)
- 20 mL/kg, IV, once, STAT, (infuse over 30 min), (Bolus)

Sodium Chloride 0.9%
 1,000 mL, IV, STAT, Replacement Fluid
 Comments: If within a 4 hour period the urine output is greater than _____ mL, then replace the excess urine output mL for mL with NS bolus over 30 minutes. MD to supply volume based on 3 mL/kg/hr.

Insulin Drip (Pediatric) (IVS)*
 Sodium Chloride 0.9%
 248.75 mL, IV, STAT, 0.1 unit/kg/hr
 Comments: Flush 50mL insulin solution through IV tubing before infusing in patient, Do not give insulin bolus
 insulin regular (additive)
 125 units

NOTE: Lower insulin doses are ineffective; use higher insulin dose in severe DKA.(NOTE)*
 NOTE: Patient with OSMOLALITY less than 320 and POTASSIUM less than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

LeBonheur Bag 1: 1/2NS 1000 with KAc 20mEq /L+ Kphos 20 mEq/ (IVS)*
 Sodium Chloride 0.45%
 1,000 mL, IV, Routine, mL/hr, BAG#1
 Comments: BAG #1 ; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K less than 5.5; For Bag #1 (1/2 NS + 20KAc/Kphos) @ ___mL/hr for BG greater than 300 For Bag #2: (D10 1/2 NS + 20 KAc/20KPhos) @ TITRATE, Start at zero mL/hr for BG greater than 300 For Bag#1 (1/2 NS + 20KAc/Kphos) @ ___mL/hr for BG 200 to 300 For Bag #2 (D10 1/2 NS + 20KAc/KPhos) @ ___ mL/hr for BG 200 to 300 For Bag #1 (1/2 NS + 20 KAc/KPhos) @ TITRATE, Start at zero mL/hr for BG less than 200 For Bag #2 (D10 1/2 NS + 20KAc/KPhos) @ ___ mL/hr for BG less than 200
 potassium acetate (additive)
 20 mEq
 POTASSIUM phosphate (additive)
 20 mEq

LeBonheur Bag 2: D10 1/2NS + 20 mEq/L KAc + 20 mEq/L Kphos (IVS)*
 Dextrose 10% in Water
 1,000 mL, IV, Routine, TITRATE, BAG#2
 Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K less than 5.5; Order comments: See order comments on Bag #1 for fluid rate.
 sodium chloride
 77 mEq





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potassium acetate (additive)
20 mEq

POTASSIUM phosphate (additive)
20 mEq

NOTE: Patient with OSMOLALITY greater than or equal to 320 and POTASSIUM less than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

- LeBonheur Bag 1: NS 1000 with KAc 20mEq/L+ Kphos 20 mEq/L (IVS)*
Sodium Chloride 0.9%
1,000 mL, IV, Routine, mL/hr, BAG#1

Comments: BAG #1; ONLY FOR PATIENT WITH OSMOLALITY greater than or equal to 320 and K less than 5.5; For Bag #1 (NS + 20KAc/Kphos) @ ___mL/hr for BG greater than 300; For Bag #2: (D10NS + 20 KAc/KPhos) @ TITRATE, Start at zero mL/hr for BG greater than 300 For Bag#1 (NS + 20KAc/Kphos) @ ___mL/hr for BG 200 to 300 For Bag #2 (D10NS + 20KAc/KPhos) @ ___ mL/hr for BG 200 to 300 For Bag #1 (NS + 20 KAc/20KPhos) @ TITRATE, Start at zero mL/hr for BG less than 200 For Bag #2 (D10NS + 20KAc/KPhos) @ ___ mL/hr for BG less than 200

potassium acetate (additive)
20 mEq

POTASSIUM phosphate (additive)
20 mEq

- LeBonheur Bag 2: D10NS 1000 + 20 mEq/L KAc + 20 mEq/L Kphos (IVS)*
Dextrose 10% in Water
1,000 mL, IV, Routine, TITRATE, BAG#2

Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY greater than or equal to 320 and K less than 5.5; Order comments: See order comments on Bag #1 for fluid rate.

sodium chloride
154 mEq

potassium acetate (additive)
20 mEq

POTASSIUM phosphate (additive)
20 mEq

NOTE: Patient with OSMOLALITY less than 320 and K greater than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

- LeBonheur Bag 1: 1/2 NS 1000 (IVS)*
Sodium Chloride 0.45%
1,000 mL, IV, Routine, mL/hr, BAG#1

Comments: BAG #1 ; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K greater than 5.5; For Bag #1 (1/2 NS) @ ___mL/hr for BG greater than 300For Bag #2: (D10 1/2 NS) @ TITRATE, Start at zero mL/hr for BG greater than 300 For Bag#1 (1/2 NS) @ ___mL/hr for BG 200 to 300 For Bag #2 (D10 1/2 NS) @ ___ mL/hr for BG 200 to 300 For Bag #1 (1/2 NS) @ TITRATE, Start at zero mL/hr for





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BG less than 200 For Bag #2 (D10 1/2 NS) @ ___ mL/hr for BG less than 200

- LeBonheur Bag 2: D10 1/2NS (IVS)*
 Dextrose 10% in Water
 1,000 mL, IV, Routine, TITRATE, BAG#2
 Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY less than 320 and K greater than 5.5. Order comments: See order comments on Bag #1 for fluid rate.

sodium chloride
 77 mEq

NOTE: Patient with OSMOLALITY greater than or equal to 320 and POTASSIUM greater than 5.5, choose the following Bag 1 & Bag 2:(NOTE)*

- LeBonheur Bag 1: NS 1000 (IVS)*
 Sodium Chloride 0.9%
 1,000 mL, IV, Routine, BAG#1
 Comments: BAG #1; ONLY FOR PATIENT WITH OSMOLALITY greater than or equal to 320 and K greater than 5.5 For Bag #1 (NS) @ ___mL/hr for BG greater than 300; For Bag #2: (D10NS) @ TITRATE, Start at zero mL/hr for BG greater than 300 For Bag#1 (NS) @ ___mL/hr for BG 200 to 300 For Bag #2 (D10NS) @ ___ mL/hr for BG 200 to 300 For Bag #1 (NS) @ TITRATE, Start at zero mL/hr for BG less than 200For Bag #2 (D10NS) @ ___ mL/hr for BG less than 200

- LeBonheur Bag 2: D10NS 1000 (IVS)*
 Dextrose 10% in Water
 1,000 mL, IV, Routine, TITRATE, BAG#2
 Comments: BAG #2; ONLY FOR PATIENT WITH OSMOLALITY greater than or equal to 320 and K greater than 5.5 Order comments: See order comments on Bag #1 for fluid rate.

sodium chloride
 154 mEq

Medications

NOTE: SELECT ONE OF THE FOLLOWING ORDERS:

NOTE: Patient less than 5 years old, choose the following insulin glargine order. Administer within 2 hours of admission.(NOTE)*

- +2 Hours** insulin glargine 100 units/mL subcutaneous solution
0.2 units/kg, Injection, Subcutaneous, once, STAT, Less than 5 years of age; Consult Endocrinology

NOTE: Patient less than 5 to 9 years old, choose the following insulin glargine order. Administer within 2 hours of admission(NOTE)*

- +2 Hours** insulin glargine 100 units/mL subcutaneous solution
0.25 units/kg, Injection, Subcutaneous, once, STAT, 5 to 9 years of age; Consult Endocrinology

NOTE: Patient greater than or equal to 10 years old, choose the following insulin glargine order. Administer within 2 hours of admission(NOTE)*

- +2 Hours** insulin glargine 100 units/mL subcutaneous solution





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0.3 units/kg, Injection, Subcutaneous, once, STAT, Greater than 10 years of age; Consult Endocrinology

Laboratory

- Basic Metabolic Panel
Time Study, q2h x 2 occurrence, Type: Blood
- Calcium Level
Time Study, q2h x 2 occurrence, Type: Blood
- Magnesium Level
Time Study, q2h x 2 occurrence, Type: Blood
- Phosphorus Level
Time Study, q2h x 2 occurrence, Type: Blood
- Osmolality Serum
Time Study, q2h x 2 occurrence, Type: Blood

Consults/Notifications/Referrals

- Notify Physician-Continuing
T;N, Of blood glucose less than 80, Serum K less than 3.0 or Ca less than 8.0 or Mg less than 1.5, if urine output is greater than 3 mL/kg/hr over any 4 hour period.
- Notify Physician-Continuing
T;N, If corrected sodium is falling or neurological status worsens.
- Consult MD Group
T;N, Routine, Group: ULPS Endo, Reason for Consult: DKA

Date	Time	Physician's Signature	MD Number
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***Report Legend:**

- DEF - This order sentence is the default for the selected order
- GOAL - This component is a goal
- IND - This component is an indicator
- INT - This component is an intervention
- IVS - This component is an IV Set
- NOTE - This component is a note
- Rx - This component is a prescription
- SUB - This component is a sub phase, see separate sheet
- R-Required order

