



<b>UMC Health System</b>  PICU DKA PLAN	Patient Label Here
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**PHYSICIAN ORDERS**

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

ORDER	ORDER DETAILS
	<b>Notify Provider (Misc)</b> <input type="checkbox"/> Reason: Pain score greater than 4
	<b>Notify Nurse (DO NOT USE FOR MEDS)</b>
<b>Dietary</b>	
	<b>NPO Diet</b> <input type="checkbox"/> NPO <span style="margin-left: 200px;"><input type="checkbox"/> NPO, Except Meds</span> <input type="checkbox"/> NPO, Except Ice Chips <span style="margin-left: 100px;"><input type="checkbox"/> NPO, Except Meds, Except Ice Chips</span>
<b>IV Solutions</b>	
	<b>NS (NS bolus)</b> <input type="checkbox"/> 20 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 30 min <span style="margin-left: 100px;"><input type="checkbox"/> 20 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 60 min</span> <input type="checkbox"/> 500 mL, IVPB, iv soln, ONE TIME <span style="margin-left: 100px;"><input type="checkbox"/> 1,000 mL, IVPB, iv soln, ONE TIME, Infuse over 1 hr</span>
	<b>heparin 500 units/500 mL NS (PICU A-Line (heparin 500 units/500 mL NS (PICU A-Line)))</b> <input type="checkbox"/> 500 units, Every Bag <span style="margin-left: 200px;"><input type="checkbox"/> IV</span>
<b>Two-Bag Method</b>	
	Choose only ONE of each fluid type listed below (ONE DKA Fluid 1 and ONE DKA Fluid 2 )  <b>DKA Two-Bag IVF Guidelines</b> <input type="checkbox"/> See Reference Text for Algorithm
	<b>PICU DKA Fluid 1 - NS</b> <input type="checkbox"/> mEq, Every Bag <span style="margin-left: 200px;"><input type="checkbox"/> mMol, Every Bag</span> <input type="checkbox"/> IV
	<b>PICU DKA Fluid 1- 1/2 NS</b> <input type="checkbox"/> mEq, Every Bag <span style="margin-left: 200px;"><input type="checkbox"/> mMol, Every Bag</span> <input type="checkbox"/> 1,000 mL, IV
	<b>PICU DKA Fluid 2 - D10W + NS</b> <input type="checkbox"/> 154 mEq, Every Bag <span style="margin-left: 200px;"><input type="checkbox"/> mEq, Every Bag</span> <input type="checkbox"/> mMol, Every Bag <span style="margin-left: 200px;"><input type="checkbox"/> IV</span>
	<b>PICU DKA Fluid 2- D10W + 1/2 NS</b> <input type="checkbox"/> 1,000 mL, IV <span style="margin-left: 200px;"><input type="checkbox"/> 77 mEq, Every Bag</span> <input type="checkbox"/> mEq, Every Bag <span style="margin-left: 200px;"><input type="checkbox"/> mMol, Every Bag</span>
<b>Insulin Infusion</b>	
	For weight LESS than 20 kg, use 50 units/ 500 mL NS.  <b>insulin R 50 units/500 mL NS (Pedi)</b> <input type="checkbox"/> IV Final concentration = 0.1 unit/mL.  Prime IV tubing with 20 mL of insulin solution prior to initiating drip. Continued on next page....

TO     Read Back     Scanned Powerchart     Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



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ORDER	ORDER DETAILS
	<b>Arterial Blood Gas</b> <input type="checkbox"/> STAT <span style="float: right;"><input type="checkbox"/> q6h</span>
	<b>Venous Blood Gas</b> <input type="checkbox"/> STAT <span style="float: right;"><input type="checkbox"/> q6h</span>
	<b>Oxygen (O2) Therapy</b> <input type="checkbox"/> 1-3 L/min, Via: Nasal cannula <span style="float: right;"><input type="checkbox"/> 1-6 L/min, Via: Nasal cannula, Keep sats greater than: 90%</span> <input type="checkbox"/> 6-12 L/min, Via: Simple mask, Keep sats greater than: 90% <input type="checkbox"/> 24 % O2, Via: Venturi mask, Keep sats greater than: 90%, Titrate up to 60% O2 as needed. <input type="checkbox"/> 10-15 L/min, Via: Nonrebreather mask, Keep sats greater than: 90% <input type="checkbox"/> 1-15 L/min, Via: Trach collar, Keep sats greater than: 90%, Heated and Humidified <input type="checkbox"/> Via: High Flow Nasal Cannula

**Consults/Referrals**

**Consult Dietitian**

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Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
 Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_