	UMC Health System		Defient Label Have		
PICU DKA PLAN			Patient Label Here		
	PHYSIC				
Diagnos					
Weight					
	Place an "X" in the Orders column to designate orders of choice a	AND an "x" in the specific	order detail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Patient Care				
	Vital Signs Per Unit Standards				
	Daily Weight				
	Perform Neurological Checks q1h, with Vital Signs q2h	☐ q1h ☐ q4h			
	Patient Activity Bedrest	Up Ad Lib/Activity as ⁻	Tolerated		
	Strict Intake and Output				
	POC Blood Sugar Check q1h q4h	☐ q2h ☐ AC & HS			
	POC Chem 8				
	Insert Peripheral Line				
	Insert Urinary Catheter Foley, To: Dependent Drainage Bag				
	Insert Gastric Tube Nasogastric - NG, To: Low Intermittent Suction				
	Flush Gastric Tube				
	Central Venous Pressure Monitoring				
	Set Up for Arterial Line Placement Supplies at Bedside: Insertion Tray				
	Set Up for Central Line Placement Single Lumen Catheter, Supplies at Bedside: Insertion Tray Triple Lumen Catheter, Supplies at Bedside: Insertion Tray	Double Lumen Catheter, Supplies at Bedside: Insertion Tray			
	Apply Sequential Compression Device				
	Communication				
	Notify Provider/Primary Team of Pt Admit		Unit		
	Notify Provider of VS Parameters				
	Notify Provider (Misc) Notify Provider, Reason: Blood Glucose greater than 400 mg/dL or less than 200 mg/dL; Abnormal Mag or Phos levels; Neg Urine Glucose; Severe Headache				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Taken by Signature: Date Time					
Physician Signature: Date					
	PICU DKA Plan Version: 1 1 of 4	Effective on: 03/29/23			

UMC Health System		Patient Label Here			
PICU DKA PLAN		Fallen			
ORDER	Place an "X" in the Orders column to designate orders of choice AN	ID an "x" in the specific order de	etail box(es) where applicable.		
ORDER	ORDER DETAILS				
	Notify Provider (Misc) Reason: Pain score greater than 4				
	Notify Nurse (DO NOT USE FOR MEDS)				
	Dietary NPO Diet				
	NPO	NPO, Except Meds			
	NPO, Except Ice Chips	NPO, Except Meds, Except Ic	ce Chips		
	IV Solutions				
	NS (NS bolus) ☐ 20 mL/kg, IVPB, iv soln, ONE TIME, Infuse over 30 min ☐ 500 mL, IVPB, iv soln, ONE TIME	20 mL/kg, IVPB, iv soln, ONE 1,000 mL, IVPB, iv soln, ONE			
	heparin 500 units/500 mL NS (PICU A-Line (heparin 500 units/500 ml	L NS (PICU A-Line)) □ IV			
	Two-Bag Method				
	Choose only ONE of each fluid type listed below (ONE DKA Fluid 1 and	ONE DKA Fluid 2)			
	DKA Two-Bag IVF Guidelines See Reference Text for Algorithm				
	PICU DKA Fluid 1 - NS mEq, Every Bag IV	mMol, Every Bag			
	PICU DKA Fluid 1- 1/2 NS ☐ mEq, Every Bag ☐ 1,000 mL, IV	mMol, Every Bag			
	PICU DKA Fluid 2 - D10W + NS ☐ 154 mEq, Every Bag ☐ mMol, Every Bag	☐ mEq, Every Bag ☐ IV			
	PICU DKA Fluid 2- D10W + 1/2 NS ☐ 1,000 mL, IV ☐ mEq, Every Bag	☐ 77 mEq, Every Bag ☐ mMol, Every Bag			
	Insulin Infusion				
	For weight LESS than 20 kg, use 50 units/ 500 mL NS.				
	insulin R 50 units/500 mL NS (Pedi)				
	Final concentration = 0.1 unit/mL.				
	Prime IV tubing with 20 mL of insulin solution prior to initiating drip. Continued on next page				
🗆 то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	n by Signature:	Date	Time		
Physician Signature:			Time		
-					



2 of 4

UMC Health System

PICU DKA PLAN

	PHYSICIA	N 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				
	Start at rate:units/kg/hr				
	For weight GREATER than or EQUAL to 20 kg, use 100 units/ 100 mL N	S.			
	insulin R 100 units/100 mL NS □ IV				
	Final concentration = 1 unit/mL.				
	Prime IV tubing with 20 mL of insulin solution prior to initiating drip.				
	Start at rate:units/kg/hr				
	Laboratory				
	POC Urinalysis Automated w/o Microscopy				
	CBC with Differential				
	Comprehensive Metabolic Panel				
	C Peptide				
	Glutamic Acid Decarboxylase 65 Antibodie (Glutamic Acid Decarbox	ylase 65 Antibodies)			
	Hemoglobin A1C				
	IgA STAT				
	Insulin Autoantibody				
	Islet Cell Antibody				
	Magnesium Level				
	Magnesium Level Timed, q12h 2 days				
	Phosphorus Level				
	Phosphorus Level Timed, q12h 2 days				
	Tissue Transglutaminase Antibody IgA				
	Urinalysis				
	Respiratory				
П то	Read Back	Scanned Powerchart	Scanned PharmScan		
Order Take	n by Signature:	Date	Time		
Physician Signature: Time					

3 of 4

UMC Health System		Pat	ient Label Here
PI	CU DKA PLAN		
	PHYSICIA	N ORDERS	
	Place an "X" in the Orders column to designate orders of choice AN	D an "x" in the specific orde	r detail box(es) where applicable.
ORDER	ORDER DETAILS		
	Arterial Blood Gas	🗖 q6h	
	Venous Blood Gas	🗖 q6h	
	Oxygen (O2) Therapy 1-3 L/min, Via: Nasal cannula 6-12 L/min, Via: Simple mask, Keep sats greater than: 90% 24 % O2, Via: Venturi mask, Keep sats greater than: 90%, Titrate up 10-15 L/min, Via: Nonrebreather mask, Keep sats greater than: 90% 1-15 L/min, Via: Trach collar, Keep sats greater than: 90%, Heated ar Via: High Flow Nasal Cannula	to 60% O2 as needed.	ula, Keep sats greater than: 90%
	Consults/Referrals Consult Dietitian		
П то	Read Back	Scanned Powerchart	Scanned PharmScan
Order Take	n by Signature:	Date	Time
Physician	Signature:	Date	Time