UMC Health System

DIABETIC KETOACIDOSIS (DKA) PLAN

Patient Label Here

PHYSICIAN ORDERS

Weight _____ **Allergies** _____

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
	Admit/Discharge/Transfer
	Patient Status ☐ Pt Status: Inpatient (LOS > 2 midnights) ☐ Pt Status: Observation (LOS < 2 midnights)
	Code Status ☐ Code Status: Full Code ☐ Code Status: DNR − Do Not Resuscitate ☐ Code Status: DNI − Do Not Intubate ☐ Code Status: DNR/DNI − Do Not Resuscitate or Intubate ☐ Code Status: Partial Resuscitative Effort
	Admitting Diagnosis/Reason for Visit
	Patient Care
	Vital Signs ☐ Per Unit Standards ☐ q1h ☐ q2h ☐ q4h
	Strict Intake and Output ☐ Per Unit Standards ☐ q1h ☐ q2h ☐ q4h ☐ q12h
	Patient Activity ☐ Bedrest ☐ Bedrest | Bathroom Privileges ☐ Bedrest | Up Ad Lib/Activity as Tolerated
	Accucheck ☐ q1h ☐ q2h ☐ q4h
	POC Urinalysis Dipstick w/o Microscopy ☐ Check for Ketones q1hr ☐ Check for Ketones q2hr
	Communication
	Notify Provider (Misc) ☐ Reason: Once Anion Gap normalizes (less than or equal to 16) X 2 BMPs, serum HCO3 is greater than or equal to 18, BG is less than or equal to 250, ketosis resolves (pH > 7.35, serum or urine ketones negative) notify MD for initiation of SC insulin therapy
	Dietary
	Clear Liquid Diet
	ADA Diet Adult
	NPO Diet
	NPO Except Ice Chips
	NPO Except Medications
	IV Solutions

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	NS (NS bolus) ☐ 500 mL, IVPB, ONE TIME ☐ 1,000 mL, IVPB, ONE TIME, Infuse over 1 hr
	NS (Normal Saline) ☐ IV, 200 mL/hr start after fluid bolus ☐ IV, 150 mL/hr ☐ IV, 125 mL/hr ☐ IV, 75 mL/hr ☐ IV, mL/hr
	NS + 20 mEq KCl/L ☐ IV, 200 mL/hr ☐ IV, 150 mL/hr ☐ IV, 125 mL/hr ☐ IV, 75 mL/hr ☐ IV, mL/hr
	1/2 NS ☐ IV, 200 mL/hr ☐ IV, 150 mL/hr ☐ IV, 125 mL/hr ☐ IV, 75 mL/hr ☐ IV, mL/hr
	1/2 NS + 20 mEq KCl/L ☐ IV, 200 mL/hr ☐ IV, 150 mL/hr ☐ IV, 125 mL/hr ☐ IV, 75 mL/hr ☐ IV, mL/hr
	When Blood Glucose is < or = 250 mg/dL use: **D5NS** ☐ IV, 250 mL/hr ☐ IV, 200 mL/hr ☐ IV, 150 mL/hr
	D5 1/2 NS ☐ IV, 250 mL/hr ☐ IV, 200 mL/hr ☐ IV, 150 mL/hr
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	DKA Insulin Infusion Protocol
	Insulin Infusion
	Insulin should NOT be initiated if serum potassium is less than 3.5 mEq/L ***Bolus Dose*** **insulin regular** ☐ 0.1 unit/kg, IVPush, inj, ONE TIME
	Continuous Infusion **insulin R 100 units/100 mL NS** ☐ IV Titrate insulin drip using nomogram to keep blood glucose between 120−250 mg/dL for the first 24 hrs or until ketoacidosis resolves. ☐ Start at rate:_____units/kg/hr
	GI Prophylaxis

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	famotidine ☐ 20 mg, IVPush, inj, BID Dilute to 2 mg/mL with NS. IV push over 2 min.
	Antiemetics
	promethazine ☐ 25 mg, IVPush, inj, q4h, PRN nausea/vomiting ***VESICANT*** Dilute with 10 ml NS & IVP over 2−3 min through a running IV line with large−bore access. ☐ 12.5 mg, IVPush, inj, q4h, PRN nausea/vomiting ***VESICANT*** Dilute with 10 ml NS & IVP over 2−3 min through a running IV line with large−bore access. ☐ 25 mg, IM, inj, q4h, PRN nausea/vomiting ***VESICANT*** Dilute with 10 ml NS & IVP over 2−3 min through a running IV line with large−bore access. ☐ 12.5 mg, IM, inj, q4h, PRN nausea/vomiting ***VESICANT*** Dilute with 10 ml NS & IVP over 2−3 min through a running IV line with large−bore access.
	ondansetron ☐ 4 mg, IVPush, soln, q8h, PRN nausea/vomiting Administer up to 8 mg IVP over 2−5 min.
	Laboratory
	CBC
	CBC with Differential
	Basic Metabolic Panel
	While on Insulin Infusion: **Basic Metabolic Panel** ☐ Routine, T;N, q4h ☐ Routine, T;N, q2h
	Comprehensive Metabolic Panel
	Phosphorus Level
	Magnesium Level
	Hemoglobin A1C
	Osmolality
	Acetone (Ketones)
	Amylase Level
	Urinalysis
	Urine Random Ketones
	Culture Blood
	Culture Blood ☐ Timed, T;N+0015
	Culture Urine

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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**
	Culture Sputum with Gram Stain
	Consults/Referrals
	Consult Dietician for Diet Education ☐ Other Nutrition Education and Calorie Count
	Consult MD ☐ Service: Nephrology
	Consult MD ☐ Service: Endocrinology
	...Additional Orders

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UMC Health System

VTE PROPHYLAXIS PLAN

Patient Label Here

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
	Patient Care
	VTE Guidelines ☐ See Reference Text for Guidelines
	If VTE Pharmacologic Prophylaxis not given, choose the Contraindications for VTE below and complete reason contraindicated **Contraindications VTE** ☐ Patient low risk for VTE ☐ Patient Refusal ☐ Cont IV heparin day of/after admission ☐ Warfarin prior to admit; on hold r/t INR ☐ Thrombocytopenia ☐ Alteplase Administered w/in 24 hrs ☐ Patient is ambulatory ☐ Family/Caregiver Refusal ☐ Anticoag therapy not warfarin for Afib ☐ Risk of Bleeding ☐ Active Bleeding ☐ IV Heparin w/in 24 hrs of Surgery
	Apply Elastic Stockings ☐ Apply to: Bilateral Lower Extremities, Length: Knee High ☐ Apply to: Right Lower Extremity (RLE), Length: Knee High ☐ Apply to: Left Lower Extremity (LLE), Length: Thigh High ☐ Apply to: Left Lower Extremity (LLE), Length: Knee High ☐ Apply to: Bilateral Lower Extremities, Length: Thigh High ☐ Apply to: Right Lower Extremity (RLE), Length: Thigh High
	Apply Sequential Compression Device ☐ Apply to Bilateral Lower Extremities ☐ Apply to Right Lower Extremity (RLE) ☐ Apply to Left Lower Extremity (LLE)
	Apply Pedal Pump ☐ Apply to Bilateral Feet ☐ Apply to Right Foot ☐ Apply to Left Foot
	Medications
	Medication sentences are per dose. You will need to calculate a total daily dose if needed.
	Recommended Trauma Dose = 30 mg, subcut, q12h ***Recommended Dose for Morbidly Obese Patients = 40 mg, subcut, q12h*** **enoxaparin** ☐ 40 mg, subcut, syringe, q24h ☐ 30 mg, subcut, syringe, q12h ☐ 30 mg, subcut, syringe, q24h ☐ 40 mg, subcut, syringe, q12h
	heparin ☐ 5,000 units, subcut, inj, q12h ☐ 5,000 units, subcut, inj, q8h
	fondaparinux ☐ 2.5 mg, subcut, syringe, Daily
	If you order RIVAROXABAN for your patient, please indicate the reason below

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UMC Health System VTE PROPHYLAXIS PLAN	Patient Label Here

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
	Reason for Oral Factor Xa Inhibitor ☐ Reason: Atrial fibrillation ☐ Reason: Paroxysmal atrial fibrillation ☐ Reason: Hx Afib/flutter − NA w/in 8wks post CABG ☐ Reason: Total hip arthroplasty ☐ Reason: Total knee arthroplasty ☐ Reason: Persistent atrial fibrillation ☐ Reason: Atrial flutter ☐ Reason: Partial hip arthroplasty ☐ Reason: Total hip replacement ☐ Reason: Total knee replacement
	rivaroxaban ☐ 10 mg, PO, tab, Daily
	warfarin ☐ 5 mg, PO, tab, QPM
	aspirin ☐ 81 mg, PO, tab, Daily ☐ 325 mg, PO, tab, Daily

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UMC Health System ELECTROLYTE MED PLAN	Patient Label Here

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**
	Communication
	When placing the protocol order, do NOT order any meds unless you need IMMEDIATE electrolyte replacement therapy.
	Electrolyte Replacement Protocol
	Electrolyte Replacement Protocol (IV Potassium Replacement)
	Electrolyte Replacement Protocol (IV Sodium Phosphates Replacement)
	Electrolyte Replacement Protocol (IV Potassium Phosphates Replacement)
	Electrolyte Replacement Protocol (IV Magnesium Replacement)
	Electrolyte Replacement Protocol (Oral Potassium Replacement)
	Electrolyte Replacement Protocol (Oral Phosphates Replacement)
	Electrolyte Replacement Protocol (Oral Magnesium Replacement)
	Electrolyte Replacement Protocol (Aggressive Treatment Option)
	IV Solutions
	Replacement orders should only be used in patients with a serum creatinine < 2 mg/dL, BUN < 30 mg/dL, and urinary output > 30 mL/hr An infusion pump is required for all electrolyte infusions Only the selected electrolytes will be replaced per protocol IV POTASSIUM REPLACEMENT: *****Central line administration***** **potassium chloride** ☐ 20 mEq, IVPB, ivpb, ONE TIME, Infuse over 1 hr, *Repeat serum potassium level 2 hours after the total replacement is completed. *ECG monitoring required for infusion rates > 10 mEq/hr. *Check magnesium levels if potassium does not respond after 2 doses. CENTRAL LINE 20 mEq/hr − [Serum Potassium 3.6 − 3.9 mMol/L]
	potassium chloride ☐ 40 mEq, IVPB, ivpb, ONE TIME, Infuse over 2 hr, *Repeat serum potassium level 2 hours after the total replacement is completed. *ECG monitoring required for infusion rates > 10 mEq/hr. *Check magnesium levels if potassium does not respond after 2 doses. CENTRAL LINE 20 mEq/hr − [Serum Potassium 3.1 − 3.5 mMol/L]
	potassium chloride ☐ 60 mEq, IVPB, ivpb, ONE TIME, Infuse over 3 hr, *Repeat serum potassium level 2 hours after the total replacement is completed. *ECG monitoring required for infusion rates > 10 mEq/hr. *Check magnesium levels if potassium does not respond after 2 doses. CENTRAL LINE 20 mEq/hr − [Serum Potassium 2.6 − 3 mMol/L]
	potassium chloride ☐ 80 mEq, IVPB, ivpb, ONE TIME, Infuse over 4 hr, [Notify Physician if Serum Potassium < 2.6 mMol/L] **Repeat serum KCL level 2 hrs after the total replacement is completed. **ECG monitoring required for infusion rates > 10 mEq/hr. **Check CENTRAL LINE 20 mEq/hr − [Serum Potassium < 2.6 mMol/L − notify physician]
	*****Peripheral line administration*****

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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
	potassium chloride ☐ 20 mEq, IVPB, ivpb, ONE TIME, Infuse over 2 hr, *Repeat serum potassium level 2 hours after the total replacement is completed. *ECG monitoring required for infusion rates > 10 mEq/hr. *Check magnesium levels if potassium does not respond after 2 doses. PERIPHERAL LINE 10 mEq/hr − [Serum Potassium 3.6 − 3.9 mMol/L]
	potassium chloride ☐ 40 mEq, IVPB, ivpb, ONE TIME, Infuse over 4 hr, *Repeat serum potassium level 2 hours after the total replacement is completed. *ECG monitoring required for infusion rates > 10 mEq/hr. *Check magnesium levels if potassium does not respond after 2 doses. PERIPHERAL LINE 10 mEq/hr − [Serum Potassium 3.1 − 3.5 mMol/L]
	potassium chloride ☐ 60 mEq, IVPB, ivpb, ONE TIME, Infuse over 6 hr, *Repeat serum potassium level 2 hours after the total replacement is completed. *ECG monitoring required for infusion rates > 10 mEq/hr. *Check magnesium levels if potassium does not respond after 2 doses. PERIPHERAL LINE 10 mEq/hr − [Serum Potassium 2.6 − 3 mMol/L]
	potassium chloride ☐ 80 mEq, IVPB, ivpb, ONE TIME, Infuse over 8 hr, [Notify Physician if Serum Potassium < 2.6 mMol/L] *Repeat serum KCL level 2 hours after the total replacement is completed. *ECG monitoring required for infusion rates > 10 mEq/hr. *Check Mg l PERIPHERAL LINE 10 mEq/hr − [Serum Potassium < 2.6 mMol/L − Notify Physician]
	IV SODIUM PHOSPHATES REPLACEMENT: *****Use when only phosphorus needs replacement***** **sodium phosphate** ☐ 15 mmol, IVPB, ivpb, ONE TIME, Infuse over 2 hr, Repeat serum phosphorus level 6 hours after infusion is completed. [serum phosphorus 2 − 2.5 mg/dL]
	sodium phosphate ☐ 30 mmol, IVPB, ivpb, ONE TIME, Infuse over 4 hr, Repeat serum phosphorus level 6 hours after infusion is completed. [serum phosphorus 1 − 1.9 mg/dL]
	sodium phosphate ☐ 45 mmol, IVPB, ivpb, ONE TIME, Infuse over 6 hr, [Notify physician if serum phosphorus < 1 mg/dL] *Repeat serum phosphorus level 6 hours after infusion is completed. [serum phosphorus < 1 mg/dL − notify physician]
	IV POTASSIUM PHOSPHATES REPLACEMENT: *****Use when phosphorus AND potassium need replacement***** **potassium phosphate** ☐ 15 mmol, IVPB, ONE TIME, Infuse over 2 hr, **Repeat serum phosphorus level 6 hours after infusion is completed. **Each 15 mMol of phosphorus contains 22 mEq of potassium. [serum phosphorus 2 − 2.5 mg/dL]
	potassium phosphate ☐ 30 mmol, IVPB, ONE TIME, Infuse over 4 hr, **Repeat serum phosphorus level 6 hours after infusion is completed. **Each 15 mMol of phosphorus contains 22 mEq of potassium. [serum phosphorus 1 − 1.9 mg/dL]

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PHYSICIAN ORDERS

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ORDER	ORDER DETAILS
	potassium phosphate ☐ 45 mmol, IVPB, ONE TIME, Infuse over 6 hr, [Notify Physician if serum phosphorus < 1 mg/dL] **Repeat serum phosphorus level 6 hours after infusion is completed. **Each 15 mMol of phosphorus contains 22 mEq of potassium. [Notify Physician if serum phosphorus < 1 mg/dL]
	IV MAGNESIUM REPLACEMENT: **magnesium sulfate** ☐ 2 g, IVPB, ivpb, ONE TIME, Infuse over 60 min, Repeat serum magnesium level 2 hours after the infusion is completed. [serum magnesium level 1.3 − 1.6 mg/dL]
	magnesium sulfate ☐ 3 g, IVPB, ivpb, ONE TIME, Infuse over 90 min, Repeat serum magnesium level 2 hours after the infusion is completed. [serum magnesium level 1 − 1.2 mg/dL]
	magnesium sulfate ☐ 4 g, IVPB, ivpb, ONE TIME, Infuse over 120 min, [Notify Physician if serum magnesium level < 1 mg/dL] **Repeat serum magnesium level 2 hours after the infusion is completed. [serum magnesium level < 1 mg/dL − notify physician]
	Medications **Medication sentences are per dose. You will need to calculate a total daily dose if needed.**
	ORAL POTASSIUM REPLACEMENT: *****For asymptomatic patients able to take ORAL supplementation***** **potassium chloride** ☐ 20 mEq, PO, tab sa, ONE TIME, *Repeat serum potassium level 4 hours after the total replacement is completed. *Check magnesium levels if potassium does not respond after total replacement completed. [Serum Potassium 3.6 − 3.9 mMol/L]
	potassium chloride ☐ 20 mEq, PO, tab sa, q2h, x 2 dose, *Repeat serum potassium level 4 hours after the total replacement is completed. *Check magnesium levels if potassium does not respond after total replacement completed. [Serum Potassium 3.1 − 3.5 mMol/L]
	potassium chloride ☐ 20 mEq, PO, tab sa, q2h, x 3 dose, *Repeat serum potassium level 4 hours after the total replacement is completed. *Check magnesium levels if potassium does not respond after total replacement completed. [Serum Potassium 2.6 − 3 mMol/L]
	potassium chloride ☐ 20 mEq, PO, tab sa, q2h, x 4 dose, [Notify Physician if Serum Potassium <2.6 mMol/L] **Repeat serum potassium level 4 hours after the total replacement is completed. **Check magnesium levels if potassium does not respond after total replac [Notify Physican if Serum Potassium <2.6 mMol/L]
	ORAL PHOSPHATE REPLACEMENT:

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PHYSICIAN ORDERS	
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ORDER	**ORDER DETAILS**
	*****For asymptomatic patients able to take ORAL supplementation***** **potassium phosphate−sodium phosphate (potassium phosphate−sodium phosphate 250 mg−280 mg−160 mg oral powder for reconstitution)** ☐ 2 packet, PO, BID, x 6 dose [serum phosphorus 2 − 2.5 mg/dL]
	ORAL MAGNESIUM REPLACEMENT: *****For asymptomatic patients able to take ORAL supplementation***** **magnesium lactate** ☐ 168 mg, PO, tab, BID, x 6 dose, Repeat serum magnesium level with AM labs. [serum magnesium 1.3 − 1.6 mg/dL]
	Laboratory
	Potassium Level
	Phosphorus Level
	Magnesium Level

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