

Treatment Considerations for Diabetic Ketoacidosis

IV Fluids

- Severe hypovolemia
 - Administer 0.9% NS or LR as an alternative
 - Rate of 1 – 1.5 L per hour
- Mild Hypovolemia
 - Determine Na level
 - High or normal Na level
 - 0.45% NS
 - Low Na level
 - 0.9% NS

Insulin

- IV Regular Insulin 0.1 units/kg as IV bolus
- 0.1 units/kg/hr IV continuous infusion
 - Double IV insulin bolus dose if serum glucose doesn't reduce by 50-70 mg/dL in 1st hour
- When serum glucose reaches 200 mg/dL, reduce regular insulin to 0.2-.05 units/kg/hr IV
 - Aim to keep serum glucose between 150-200 mg/dL until DKA resolves

Potassium

- Ensure adequate renal function
- Serum K⁺ < 3.3 mEq/L
 - hold insulin and give 20-40 mEqK per hour
- Serum K⁺ is 3.3-5.3 mEq/L
 - Give 20-30 mEq of K⁺ in each liter of IV fluid
- Serum K⁺ > 5.3 mEq/L
 - hold K⁺ but check every 2 hours

Bicarbonate

- Assess for need for bicarb
- pH < 6.9
 - give NaHCO₃ (100mEq) in 400 mL H₂O with 20 mEq KCl
- pH > 6.9
 - no bicarb required